

Student Dental Screening Form

The Mass. Dept. of Public Health strongly recommends an annual dental screening for everyone in the state. In 2009, the Mass. Dept. of Elementary and Secondary Education requested that the White Oak School begin collecting and recording student information regarding annual dental screening.

Student Name _____

Name of Dentist _____

Telephone # _____

Approximate date of last dental visit _____

If the above date is not within this past year, please provide the date of the next scheduled dental appointment _____

Parent/Guardian Signature _____

If you have any questions, please contact the school nurse's office at 413-562-9500 Ext: 221.