SIDNEY PUBLIC SCHOOLS ELEMENTARY DENTAL EXAM - KINDERGARTEN ONLY

| *************** | ******************** | ************************************** |
|---|--|--|
| Student Name | Birthdate | Grade |
| Name of Parent/Guardian | | Date |
| , | • | |
| Teeth: | | |
| Caries: | Hygiene: | |
| Remarks: | | |
| | | |
| Date | Signature of Dentist | |
| ************************************** | ************************************** | ************************************** |
| PARENT/GUARDIAN OBJECTION (W | /AIVER) STATEMENT TO | O DENTAL EVALUATION |
| On behalf of my childevaluation that is mandated by Sidney Ptwaive this requirement for my child. | ablic Schools. I understa | _, I object to the dental nd that I have the right to |
| | | |
| Signature of Parent/Guardian | · · · · · · · · · · · · · · · · · · · | Date |