

NORTHERN WELLS COMMUNITY SCHOOLS
Ossian Elementary School
213 South Jefferson Street, Ossian, IN 46777

KINDERGARTEN DENTAL HEALTH FORM

Good oral health and healthy teeth are important to the growing child. Proper growth and alignment of teeth affect a child's speech habits and the future permanent mouth structure. It is recommended that children receive a dental checkup prior to their enrollment in the kindergarten program. At the time of examination, please ask your dentist to complete this statement, and return it to the school. It should be returned when school begins.

Student's Name _____

Dentist's Name _____

Examined: ____yes ____no

Cleaned: ____yes ____no

X-rayed: ____yes ____no

Flouride treatment: ____yes ____no

General condition of the teeth and gums:

RECOMMENDATIONS: _____

Date: _____ Dentist's Signature _____