

Dear Parent or Guardian:

This is a reminder that the Iowa Department of Public Health requires parents or guardians of students enrolled in **9th Grade or Kindergarten** provide evidence of a dental screening. The Certificate of Dental Screening provides evidence to the school district in which your son/daughter is attending. The dental screening must be performed within the prior year by a licensed dental hygienist or dentist. Your dental office should have a copy of the required dental certificate.

Washington County Public Health will be inspecting the Highland Dental Screening Records at the end of December. The certificate needs to be completed and signed by a licensed dental hygienist or dentist and returned to the school that your child attends. **If your student has received a screening within the past year, you may have the dental office fax the Certificate to the High School at 319-648-3310, Riverside Elementary at 319-648-5503, or Ainsworth Elementary at 319-657-2203.**

Every student who has NOT turned in a certificate will be screened by WCPH. This screening is a general observation of the teeth and it does not replace a dental exam by a dentist; however, it will alert us to potential problems in your child's mouth. You will be notified by WCPH if they observed a dental concern. This is a free service provided by WCPH. The goal of this program is to make sure that all of Highland's students and families have the chance to:

*Learn about dental health and how to prevent cavities *Help in finding a dentist where dental services can be received (if needed) *Are in compliance with Iowa's school screening requirements

Thank you for your cooperation. Please disregard this letter if you have turned in the Certificate.

Contact me with any questions:
Shawn Loy RN, BSN, School Nurse
319-648-2891
sloy@highland.k12.ia.us

Please return only if your child does not have a dental certificate and you do not want them screened.

If you do NOT want you child to be screened by WCPH, please indicate by signing this form and returning it to school by Dec 9th.

_____ **No, I do not want my child to have a free dental screening**

Child's Name

Parent Signature and Date