LIVONIA
Central School District

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Livonia Central School District
Dental Health Certificate

NY State Consolidated Law Article 19 § 903 has been amended. Beginning 9/1/2008, a Dental Health Certificate is ***requested but not required*** to be furnished by the student at the same time that a Health Certificate is required (K,2,4,7,10 and all new entrants).

- Must be signed by a licensed Dentist.
- Must be no older than the 12 months prior to the beginning of the current school year; therefore the certificate must be dated after September 1, previous school year.
- Must describe the Dental Health Condition at the time of the exam.
- Must state whether student is in fit condition of dental health to permit attendance in school.

SCHOOL: _____ GRADE: _____

TO BE FILLED IN BY PARENT/GUARDIAN BEFORE EXAMINATION BY DENTIST

I authorize my child's dental care provider(s) to release the dental information requested on this form per NY State Consolidated Law Article 19 § 903 to the school nurse and district medical officer and authorize the school nurse/district medical officer to contact the dental provider regarding information on this form for one calendar year from the date I signed.

Parent Signature: _____ **Date:** _____

Student Name _____/_____Birthdate _____/_____/_____Gender ☐ M ☐ F
Last First

Address _____/_____/_____
Street City Zip

Parent/Guardian _____ Primary Phone _____
(Home Address if different from above)

Dentist's Name _____ Dentist's Phone _____

Physician's Name _____ Physician's Phone _____

DENTAL HEALTH INFORMATION (to be completed by Dentist)

Assessment Date _____

- Visible fillings and/or restoration(s) present: ☐ Yes ☐ No
- Untreated caries present: ☐ Yes ☐ No
- Treatment Urgency:
  - ☐ No obvious problem found _____
  - ☐ Dental care recommend _____
  - ☐ Urgent care needed _____

Student is in fit condition of dental health to attend school ☐ Yes ☐ No
If No, Plan of Action _____

Dental Professional Signature: _____ **Date:** _____

_____ Or Office Stamp
Print Name

PARENTS PLEASE RETURN THIS FORM TO THE SCHOOL TO BE RETAINED IN STUDENT'S HEALTH RECORD

REVISED
3:03 pm, May 17, 2017