



Manheim Township School District

P.O. Box 5134, Lancaster, PA 17606-5134

Phone: 717-569-8231

Fax: 717-569-3729

www.mtwp.net

SCHOOL DENTAL HEALTH PROGRAM



Dear Parent or Guardian:

The School Health Law requires that regular dental examinations be completed at scheduled intervals throughout the school years. Manheim Township School District requires that dental exams be obtained for students entering 1st, 3rd and 5th grades. These grades coincide with the eruption of new teeth and typical problems which can be identified and treated by your family dental team.

Your child's dental exam must have taken place sometime during the 12 months prior to their entrance into 1st, 3rd or 5th grade.

Since your child is entering a grade listed above, please ask your dentist to complete the enclosed "Family Dentist Examination" form on the reverse side of this letter with the date of their most recent dental exam. You may also complete the form with the required information and return it to the health room by the first day of school.

Once school has started, we will continue to accept the family dentist examination forms. However, if we do not receive a report from you or your dentist by the time screenings are scheduled at your child's elementary school, the school's dental hygienist will screen your child. This brief examination, performed in the school's health room, will be done using a disposable mouth mirror. If the screening indicates a need for further dental care, you will be notified by the school's dental hygienist.

Thank you for your cooperation in helping us complete this part of the school dental health program. Please call the health room if you have any questions or concerns.

Sincerely,

Zena Korba, RDH
Dental Hygienist
Health Services Staff
Manheim Township School District

Enc: Family Dentist Examination Form (reverse)

Family Dentist Examination Form

Student's Name _____

School _____

Grade _____ Teacher _____

To the Dentist: Please indicate the date of the child's most recent dental examination and return this form to the parent or fax to the school noted above. School fax numbers are listed at the bottom of this page.

Dentist's Name _____

Signature of Dentist _____

Date of most recent dental examination _____

_____ No dental treatment needed OR _____ Dental treatment in progress

Thank you for your cooperation.

School

Brecht Elementary School
Bucher Elementary School
Neff Elementary School
Nitrauer Elementary School
Reidenbaugh Elementary School
Schaeffer Elementary School

Fax number

717-735-0939
717-569-3060
717-569-8226
717-569-7973
717-627-3887
717-735-8292