



RIVERVIEW SCHOOL DISTRICT

Health Services

Riverview Jr-Sr High School
412-828-1800 x1017
Fax – 412-828-6296

Verner Elementary
412-828-1800 x3017
Fax – 412-828-8086

Tenth Street Elementary
412-828-1800 x2017
Fax – 412-828-7373

St. Joseph School
412-828-7213
Fax – 412-828-8258

Dear Parent,

Pennsylvania School Health Law requires that each child in first, third and seventh grade have a documented dental examination on file in the school health office. We are alerting you to this requirement now, so that you can comply with the requirement at your convenience. The exam must be performed within one year prior to your child entering first, third or seventh grade. It is recommended that your family dentist complete this exam so that the necessary corrections may be made.

Please have the bottom of this letter completed by your dentist at the time of the examination and return it to the school. If the exam is done over the summer, please feel free to mail the form to the school.

The school dentist is scheduled to do exams in October or November. Students who do not return a completed Family Dentist Report before the school dentist’s visit will be examined by the school dentist at no charge to you. You will be notified after the appointment, only if any dental defects are found.

Sincerely,

Riverview School Nurses

CSN Sharon Rice, RN, MS, CSN
Riverview Jr-Sr High School

Rosita Jordan, RN
Tenth Street Elementary

Kendal Kadylak, RN, BSN
Verner Elementary

Family Dentist Report

Student’s name _____ Grade _____

Last visited my office on _____ at that time all necessary dental corrections were made ___ Yes ___ No

If no, treatment is needed for:

___ Fillings ___ Extractions ___ Diseases of supporting tissues ___ Gross Malocclusion

Other _____

This child is currently under treatment: ___ Yes ___ No

Signature of examiner

Date