

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM  
SCHOOL HEALTH SERVICES  
DENTAL HEALTH FORM**

Dear Parent/Guardian:

Our school health program is designed to improve, protect, and promote the health of students. As a part of this program, we strongly urge families to have children visit their dentist at least once a year for a dental examination and any care that may be needed. In the interest of better dental health, please have your dentist examine your child and complete this form. Please return the completed form to the health room at your child's school.

Help in locating a dentist may be obtained by contacting the Howard County Dental Association.

Help in obtaining health care insurance that includes dental care may be available. For more information on The Children's Health Program, call the Howard County Health Department at one of these numbers:

Columbia Office (410) 313-7500  
Ellicott City Office (410) 313-2333  
Southeastern (Savage) (410) 880-5888

Thank you for your cooperation.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
School

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**REPORT OF DENTAL EXAMINATION**

This is to certify that I have examined the teeth of \_\_\_\_\_  
and:

1. All necessary dental work has been completed.
2. Treatment is in progress.
3. No dental work is necessary.

Further recommendations  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dentist signature

\_\_\_\_\_  
Date

**Please return this form to the health room at your child's school.**