

School District 145
Dental Health Information / Waiver

Student Name: _____ **Grade** _____

Home Room Teacher (Grades K-7) _____

If this area is not completed, according to state regulations (NRS 7-004.04) your student must be examined during the dental screening during the school year.

Required Screening for Grades: Kindergarten
1st Grade
2nd Grade
3rd Grade
4th Grade
7th Grade
10th Grade
Any new/transfer student to the district

_____ My student will need to be screened at school by a licensed healthcare professional during school screenings.

Parent/Guardian Signature: _____ Date: _____

_____ This student has had a dental exam on or after February 15, 2020.

Exam Date: _____

Dentist/Dental Hygienist Name: _____

Dentist/Dental Hygienist Signature: _____

All District 145 Schools will also accept proof of examination slips from your student's dentist in lieu of this form.