Dental Screening Program Description

Dear Parent or Guardian:		
your child to participate in at their shealthy, brushing instructions, and a 2-3 minutes of your child's time. substitute for a routine exam by you mouth mirror and disposable gloves the results of the dental screening.	ental screening program will be available of school. The dental education lesson will intoothbrush for your child. The dental screening is not a complete our child's dentist. The screenings will be part of the goals of the dental screening program as and to guide parents who do not have a determent.	clude ways to keep a mouth ening will take approximately dental exam and should not performed using a disposable home with your child stating are to identify children who
	untary. If you do <u>not</u> want your child to ha to your child's teacher. Thank you for you	
Sincerely, Your name and office information		
No, I would not like(child's name)	to participate in th	ne dental screening program.
	Parent's Signature	