

## CONNELLSVILLE AREA SCHOOL DISTRICT

\_\_\_\_\_  
Name of Student

### DENTAL CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a dental examination of all seventh grade students. The school dentist will be examining students during the school year at Junior High East. If the examination is not completed by the school dentist it must be done by your family dentist at your personal expense. A form will be provided for your dentist to complete.

PLEASE CHECK:

\_\_\_\_\_ Please examine my child at school.

\_\_\_\_\_ My child will be examined by our family dentist and I understand that a Private Dentist's Form **must be returned to the school nurse by September 30, 2007.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### SCOLIOSIS CONSENT FORM

The Laws of the Commonwealth of Pennsylvania provide for a scoliosis screening of all seventh grade students. The purpose of this screening program is to detect possible curvature of the spine in children. The screening is very simple and can be performed in less than 1 minute. A trained screener will check your child's back by observing it while your child is standing and bending forward. The screenings will be performed in the locker room prior to gym class.

PLEASE CHECK:

\_\_\_\_\_ Please examine my child at school.

\_\_\_\_\_ I will arrange for the scoliosis screening with my child's physician and I understand that **written documentation of this screening must be returned to the school nurse by September 30, 2007.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date