

DENTAL HEALTH FORM

Cadet Name _____

Age _____ Grade _____ City, State _____

Parent/Guardian,

It is important that your cadet has a dental checkup each year. This form must be completed and signed by a dentist per Kansas Statute 72-5214 and is required prior to enrollment at St. John's Military School.

Parents/guardians are urged to take the cadet and this form to the cadet's dentist anytime after May 1st. Once the examination is complete, the dentist should initial the appropriate statement, sign the form, and return to St. John's Military School.

Date of Examination _____

- _____ A. I have examined the teeth of above cadet and find no fillings, extractions, or cleaning needed.
- _____ B. I have actually completed the necessary dental work for this student.
- _____ C. I have determined the following dental repairs are required and will be done at a later date. Signing the dental card only indicates an examination was performed and parent/guardian will be responsible to have necessary repairs completed.

Required dental repairs

Signature _____ D.D.S.

Address _____

Phone _____ Fax _____