Vinton County Local School District
307 West High Street
McArthur, Ohio 45651
Phone: 740-596-5218 Fax: 740-596-3142

ECU 3301-13

DENTAL FORM

Name of Child:	Male / Female
Date of Birth:	
Parent(s)/Guardian Name:	

1. Is the child now receiving any of the following? If "yes", include length of time receiving fluoride.
   - Topical fluoride application _____No _____Unknown _____Yes
   - Fluoridated water _____No _____Unknown _____Yes
   - Fluoride supplement diet _____No _____Unknown _____Yes

2. Does the child have any of the following? If "yes", provide details on the emergency medical form.
   - Allergies _____Yes _____No
   - Asthma _____Yes _____No
   - Bleeding _____Yes _____No
   - Diabetes _____Yes _____No
   - Epilepsy _____Yes _____No
   - Heat/Vascular disease _____Yes _____No
   - Liver disease _____Yes _____No
   - Rheumatic fever _____Yes _____No
   - Sickle cell disease _____Yes _____No
   - Other (Please list) _____

3. Does the child have any trouble with teeth, gums, or mouth? _____Yes _____No
   If so, what kind? _____

4. Child has previously seen a dentist? _____Yes _____No

5. Child is under a physician's care? _____Yes _____No

6. Child is receiving medication? _____Yes _____No

7. PLEASE PROVIDE A WRITTEN SUMMARY OF SERVICES REQUIRED (on back of form):
   - For the relief of pain or infection
   - Restoration and/or pulp therapy of decayed primary and permanent teeth
   - Extraction of non-restorable teeth
   - Dental prophylaxis and instruction in self-care oral hygiene procedures.

Dentist or Physician Signature	Signature	Date:
Dentist/Physician Name Printed		
Complete Address		
Phone		

This is a SAMPLE FORM provided by the Ohio Department of Education that may be used to comply with the Head Start Performance Standards regarding dental examination and data (45 CFR 1304.3-3,4,5). The annual dental exam by a dentist is an oral diagnostic procedure which should include radiographs (x-rays) only if the dentist determines that they are absolutely necessary. This should be completed within 90 days of the child's entrance into the program. Developmental dental history should be part of health screening completed within 45 days of entrance.

Rev. 5/10