

The Jefferson County Health Dept. has a health program to improve, protect and promote the health of all children. As part of the Dental Health Program, we urge you to take your child to the dentist of your choice for a dental examination.

Please place an X on the line next to the statement that applies to your child. **Sign and date this letter and return it back to school on registration day!**

_____ All necessary dental work has been completed.

Dated: _____ Signature of Dentist: _____

_____ I do not wish to have my child see a dentist at this time.

Dated: _____ Signature of Parent or Guardian: _____

If you have any questions or would like to discuss this further, please feel free to contact the school office at 920-478-2707.