

WASHINGTON TOWNSHIP SCHOOL DISTRICT
BRASS CASTLE ELEMENTARY SCHOOL
16 CASTLE STREET
WASHINGTON, NJ 07882

DENTAL EXAMINATION

NAME OF CHILD _____ BIRTH DATE _____

I have examined this child and found:

- | | | |
|--|-----|----|
| 1. The child is in need of dental treatment: | Yes | No |
| 2. The child is receiving dental treatment: | Yes | No |
| 3. The child has completed dental treatment: | Yes | No |

Does this child have any oral/dental conditions the school should be aware of? _____

DENTIST SIGNATURE AND STAMP _____

DATE: _____