



# SCHOOL DISTRICT OF LA CROSSE

## KINDERGARTEN DENTAL SLIP

The School District of La Crosse encourages families to have their children's teeth checked by a dentist at least once a year. Please return the Kindergarten Dental Slip to your child's teacher the **FIRST DAY OF SCHOOL.**

\_\_\_\_\_  
**Name of Child**

\_\_\_\_\_  
**School**

This child has been seen for dental care on \_\_\_\_\_(date).

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Dentist**

\_\_\_\_\_  
**Date**

**Printed Name of Dentist** \_\_\_\_\_

*Rev. 2013*