



Dear Parent/Guardian,

Dental services will begin in the near future. DeLaWarr State Service Center will be caring for your child/children. Transportation will be supplied by the center also. There is no charge for this service.

Will you please fill out the form below and return it to school as soon as possible. Your child is not eligible to go to the dentist until this form and the packet is completely filled out and returned to the school nurse.

Sincerely,

School Nurse

Date _____

I hereby give my permission for my child to be transported to the dental clinic at the DeLaWarr State Service Center.

Name of child

Signature of Parent

X
