Washington
Township
Public
Schools

Eileen Abbott Central Administration Building
Office of Assessment, Data Technology, Registration
and School Community Outreach
206 East Holly Avenue • Sewell, New Jersey 08080
(856) 589-6644

Dental Examination Card

This card must be returned to your child's school nurse <u>no later</u> than 30 days after the student's start date!

Child's First and Last Name:

Street Address:

City, State, Zip Code:

I have completed a dental examination on:
(Enter MM/DD/YYYY)

Check one:

- The necessary dental service has been completed.
- This child is receiving dental treatment.
- This child does not need dental treatment at this time.
- This child needs treatment.

Dentist signature and office stamp / Date