



JOHNSON ELEMENTARY SCHOOL

290 Castle Road
Nahant, Massachusetts 01908
Phone: 781 581-1600
Fax: 781 581-0440

To: Family Dentist and Parents

From: Nahant Elementary School Nurse

Re: Proof of Dental Care

The Nahant Public School System requires that proof of appropriate Dental Care has been provided to each child entering Kindergarten. **This form must be completed and returned by JUNE 1st, 2003.** (use envelope provided)

To be completed by Dentist: Please **PRINT** the following information

Name of Child: _____
Last First Middle

Date of Birth: _____

Dentist Name: _____

Address _____

Telephone _____

Please fill out and sign below:

Massachusetts Department of Public Health DENTAL CERTIFICATE

This is to certify that _____

Is receiving Dental care from this office.

Has had all dental work done that is necessary at this time.

Dentist Name _____

Date _____