



18 September 2009

Dear Parents / Guardians,

DENTAL HEALTH CHECK AND OTHER MATTERS

The School has arranged for School Dental Service to conduct a dental check-up for all students on **27 and 28 October 2009 (Tuesday & Wednesday)** during School hours. The dental health officers will be stationed in Eden School for the 2 days and the check-ups will be conducted within the School premises.

Please fill up the consent form enclosed with this letter and return it to the School by **Wednesday, 23 September 2009**. A nil return is required if you do not consent to the dental check-up.

Please note that NO treatment will be done during the dental check-up. If any treatment is required, a referral letter will be given to parents to follow up on.

If you have any questions, please contact Ms Neo Ling Sim at 6265 7400.

The School would also like to take this opportunity to wish all Muslim families a Selamat Hari Raya Puasa and the non Muslims a happy long weekend.

Bukit View Primary School will be performing a mini concert for our students on **Tuesday, 22 September 2009**, in advance of celebrating Children's Day. The School would like to invite parents to sit in for the one hour long concert, which will be held immediately after the School's assembly at about 9am.

Thank you.

Yours sincerely



Mrs Jenny Lai
Principal

CONSENT FOR DENTAL TREATMENT

Consent must be signed by parent / guardian. Please write neatly in ink

*delete accordingly

Name of Student		*BC / NRIC / FIN	
Date of Birth	Gender * Male / Female	Race	
School		Class	Year
Home Address			Postal Code
Home Telephone No.	Handphone No. *Student / Parent	Other Telephone No.	

MEDICAL INFORMATION OF STUDENT

Does your *child / ward have any of the following conditions? Please tick ✓ the appropriate box(es) and provide details as specified.

	No	Yes	If yes, specify	Year of diagnosis	Follow-up Institution or doctor	Date of last appointment	Current medication if any
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
2. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
3. Fits due to high fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
4. Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
5. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
6. Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
7. Blood disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
8. Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
9. Hepatitis B/ Hep. B carrier	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
10. G6PD deficiency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
11. Other illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

DRUG / OTHER ALLERGIES

Is your *child / ward allergic to any of the following?

	No	Yes	If yes, specify
1. Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Others	<input type="checkbox"/>	<input type="checkbox"/>	_____

Did your *child / ward have any previous dental treatment?

No Yes (where) _____

- YES. I consent to my *child / ward receiving dental treatment from the School Dental Service.
- NO. I do not consent to my *child / ward receiving dental treatment from the School Dental Service.

I confirm that the information provided in this form is true to the best of my knowledge.

_____, *Father / Mother / Guardian of child / ward.

Name Signature Date

The information provided by you in this form and any data captured from the oral health screening and treatment programme will be kept confidential and will only be shared with the relevant school authorities and other health care providers managing your child. The information may also be used in an anonymous format (i.e. your child's identity will not be revealed) for national public health policy planning, ethically approved research, official reports and publications.