

Request for Permission



MySchoolSmiles – School Dental Health Screening Program

To
The Principal / School Administration
School Name: _____
Location: _____

Date _____

Subject: Request Permission to Conduct School Dental Health Screening

Dear Sir / Madam,

Greetings from **MySchoolSmiles – School Dental Health Program**.

We respectfully request permission to conduct a **basic dental health screening** for students at your esteemed school as part of our preventive oral health initiative.

The purpose of this program is to help identify common dental problems early, promote good oral hygiene habits, and provide parents with simple, easy-to-understand dental screening reports.

The program includes:

- Visual dental screening by licensed dentists
- Non-invasive and child-friendly examination
- Oral hygiene awareness for students
- Parent-friendly written dental screening report

Important Clarifications:

- No dental treatment will be performed at school
- No injections, drilling, X-rays, or any other dental procedures
- Participation is voluntary and only with written parent consent
- Schools are not used for marketing purposes
- All student information remains confidential

This program supports your school's health initiatives and helps parents take timely action when needed. Our role is limited to screening and awareness only.

We would be happy to meet with your administration to explain the program in detail and customise it according to your school's needs.

Thank you for your time and consideration.

Warm regards,

Dr Syed Ameer Haider Jafri

Licensed Pediatric Dentist

MySchoolSmiles – School Dental Health Program

Website: www.myschoolsmiles.com

WhatsApp: +971 58 168 2786;

Email: MySchoolSmiles@gmail.com