



Kemlong Kids dental

School-Based Dental Program Consent

Dear Parent/Guardian:

Did you know an oral health program is available at your child's school? Kemlong Kids Dental has partnered with your school to provide oral health education and preventive dental services to children at school. Families covered under private insurance are encouraged to continue all dental care at your established family dentist.

A parental consent form **MUST** be completed in **INK** and returned to school immediately, before your child may receive dental services.

Complete a **SEPARATE** form for **EACH** eligible child.

Services provided by Registered Dentists and Assistants include:

- Oral Health Instruction
- Screening
- Dental Cleaning
- Fluoride Varnish
- Sealants



IF YOU DECLINE SERVICES FOR YOUR CHILD OR HAVE PRIVATE DENTAL INSURANCE, PLEASE DO NOT RETURN FORM AND STOP HERE



School Name:.....

Child's LAST Name:..... MIDDLE Initial:..... FIRST Name:.....

Male:.....Female:.....Class:.....Child's Date of Birth:.....Age:.....

Address:.....

Daytime Phone: Emergency/Alternate Phone:.....

HEALTH HISTORY CIRCLE YES OR NO **ALL QUESTIONS MUST BE ANSWERED FOR YOUR CHILD TO RECEIVE SERVICES**

YES / NO Does your child have any allergies? List.....

YES / NO Does your child have any medications? List.....

YES / NO Has your child had any heart conditions? List.....

YES / NO Does your child have any diseases or special health care needs? List.....

YES / NO Does your child have private dental insurance?.....

YES / NO Has your child ever seen dentist?.....

YES / NO Has your child had a dental cleaning in the past 6 months? If yes, Name of Dental Office and date of visit

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- I understand the nature of treatment provided and authorize registered hygienists and dentists to provide dental preventive services for my child.
- I authorize Kemlong Kids Dental to discuss health and medical-related information with my child's current and/or previous dental officers.
- I understand permission is effective for period of twelve months to provide follow-up services.
- I consent to allow pictures of my child to be taken and possibly be used in newspapers, web or for promotional use of Kemlong Kids Dental (child's name will never be used)
- Please print **NO** if you do not consent to photo portion of form:

By signing below, as parent/legal guardian of above named child, I consent for my child to participate in the KEMLONG KIDS DENTAL SCHOOL BASED DENTAL PROGRAM for..... school year. I understand that if I fail to sign this dental consent form, my child will not receive any services through Kemlong Kids Dental.

Print Name of Parent/Guardian Signature Relationship to Child Today's Date

Better smiles. Greater miles...