

Free Dental Screening/Fluoride Varnish Program Permission Slip



Free dental screenings and fluoride varnish services are now offered at your child's school. Fluoride varnish is a quick and easy way to protect teeth from cavities. The screening and fluoride varnish are done by dental care professionals up to four times a year.

Name of Child: _____		
(Last)	(First)	(Preferred Name)
Child's Date of Birth (mm/dd/yy): _____ / _____ / _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		

- YES**, Screening and fluoride varnish (coating painted on teeth).
- YES**, Screening only. A quick look inside mouth to look for overall health of teeth.
- NO**, I don't want my child to have a dental screening or fluoride varnish.

If Yes, Please Complete And Sign Below:

Contact Information	
Parent/Guardian:	
Best phone number to reach you:	Permission to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	
Mailing address:	

Please provide the following information so we can better serve your child:

My child is taking (list medications):	None: <input type="checkbox"/>
My child is allergic to:	None: <input type="checkbox"/>
Any current medical problems:	None: <input type="checkbox"/>
Other information to help us better serve your child:	None: <input type="checkbox"/>

Please complete the section below. You will not receive a bill.

Health Insurance: <input type="checkbox"/> Oregon Health Plan (OHP) / Medicaid ID# _____ <input type="checkbox"/> Private dental insurance company _____ <input type="checkbox"/> No health insurance	These services are FREE!
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By signing below you:

As the legal parent/guardian, I hereby consent to the release and exchange of information, including any relevant personal health information regarding the services provided, between the dental staff, Head Start staff, your child's future school district or ESD, insurance carriers, the child's dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of "Notices of Privacy Practices." I also understand a dental hygiene or nursing student closely supervised by a licensed dental professional may provide treatment.

Parent/Guardian Signature: _____ **Date:** _____