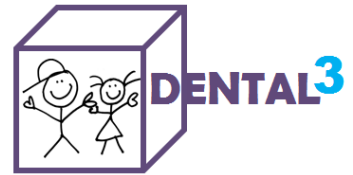


Free Dental Screening/Fluoride Varnish Program Permission Slip



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		

Dental Screening: a quick look inside the mouth to check the overall health of teeth

YES NO

Fluoride Varnish: applied to teeth to prevent cavities

YES NO

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." Privacy Practices are available on the Dental3 website <http://dental3.net/forms/>. I also understand a dental hygiene or nursing student closely supervised by a licensed dental professional may provide treatment.

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