

Permission Slip for Free Dental Services

Free dental screenings, sealant placements, and brushed-on fluoride are offered at your child's school. These services are done by dental care professionals and will help prevent cavities.

Name of Child: _____		
(Last)	(First)	(Preferred Name)
Child's Date of Birth (mm/dd/yy): ____ / ____ / ____ Teacher: _____ Grade: _____		
School: _____		

Check ONE BOX below to sign up for this free service:

- Yes, to screening, sealants and fluoride
- Yes, to screening and sealants
- Yes, to screening and fluoride
- Yes, to screening only

* NOTE: If more than one "yes" box is checked, all approved services will be provided.

NO, do not provide any dental services for my child

Contact Information	
Parent/Guardian:	Preferred Language:
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 conditions:	None: <input type="checkbox"/>
Any behavioral considerations:	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!
As the legal parent/guardian, I consent for 24 months to the release and sharing of information, including personal health information, between the dental sealant staff, school staff, 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," also available on the All Smiles Community Oral Health website AllSmilesCOH.org/forms . I understand that a dental student closely supervised by a licensed professional may provide treatment.	
Parent/Guardian Signature: _____	Date: _____

