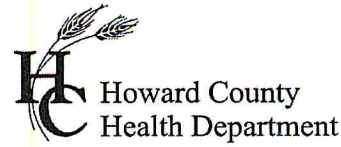


# Dental Consent 2016-2017



## EDUCATION/SCREENING/FLUORIDE/SEALANT

Dear Parent,

Your child will participate in an oral health education visit and receive an oral screening exam by a licensed dental professional. This screening does not take the place of an examination by a dentist. In addition, a fluoride application to prevent decay will be applied to all of your child's teeth. If no decay is present a sealant will be placed on your child's 2<sup>nd</sup> adult molars to protect them against decay. A letter with the results of the screening will be sent home with your child. There will be no charge for these services. Charges will be covered by Maryland Medical Assistance Program or Chase Brexton Health Services. Your child should be examined by a dentist twice a year. Good oral health is important to the overall health of your child.

YES, I CONSENT

NO, I DO NOT CONSENT

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

## DOES YOUR CHILD HAVE DENTAL INSURANCE? YES / NO

\_\_\_\_\_  
Parent/Guardian Signature                      Emergency Contact Number                      Date

The above signature of the parent/guardian is a Held Harmless Clause. All dentists, hygienists, assistants and volunteers are held without harm. I authorize the release and use of my health information to Chase Brexton Health Services to obtain payment for benefits described and received.

Our dental staff will evaluate the following:

- Dental Complaints: (pain, infection, etc)
- Oral Hygiene: (excellent, good, fair, poor)
- Soft Tissues: (tongue, tonsils, cheeks, lips, palate, etc.)
- Oral Habits: (thumb sucking, grinding, etc.)
- Hard Tissues: (cavities, missing/loose teeth, occlusion, etc.)
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It is recommended that your child receive a comprehensive exam, radiographs and health history to treat or diagnose any problems or pathologies noted at the screening. If you have any questions about these services or obtaining follow up treatment for your child please contact Chase Brexton Dental Services.

- 3/8/17 (date) Dental Education Visit- Students grade 6 thru 8.
- 3/10/17 (date) Dental Screening and Fluoride Varnish Visit- Students grade 6 - 8 with consent forms.
- 3/10/17 (date) Dental Sealant Visit- Those students identified during screening visit with consent forms.

Homeroom  
Please return the Dental Consent form to your teacher by February 13, 2017

