



# PARENT CONSENT FORM

Northland Health Centers Dental Sealant & Fluoride Varnish Program

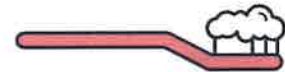


Child's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_  
 Child's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Child's Last Name (Legal): \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Date of Birth: Month/Day/Year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male or Female (Circle One)  
 Primary language, if not English \_\_\_\_\_

Is anyone in your family:  
 Agricultural Worker  Yes  No • Seasonal  Yes  No • Migrant  Yes  No • Homeless  Yes  No

Which of the following describes your child? (Check only one)  
 Black/African American  White  Multi-racial  Asian  
 American Indian/Alaskan  Other  Declined to answer

Which of the following describes your child? (Check only one)  
 Hispanic/Latino  Not Hispanic/Latino  Declined to answer



Tooth decay is one of the most common diseases found in children. Fluoride varnish can be painted on teeth to protect teeth from cavities. Fluoride varnish can be applied up to 4 times a year.

**YES**, I give my permission for my child to receive:  
Oral Screening, and Fluoride Varnish.

**YES**, I give my permission for my child to receive:  
Oral Screening, and Sealants.



**NO**, I do not give permission for my child to receive treatment  
 If no, please check the following to help us improve:  
 My child already has sealants and/or receives varnish.  
 My child regularly sees a dentist.  
 Other (please describe) \_\_\_\_\_

**Health History**

Please circle **Yes / No**

1. Is your child allergic to anything? If yes, what? \_\_\_\_\_
2. Is your child taking any medications? If yes, what? \_\_\_\_\_
3. Does your child have any medical conditions such as heart disease, asthma, hay fever, hepatitis, cancer, diabetes, etc.? Or any other medical condition? If yes, what? \_\_\_\_\_
4. Has your child ever needed dental services but was unable to receive services or denied services?  
 Explain: \_\_\_\_\_ Name of child's dentist: \_\_\_\_\_
5. Date of last dental visit:  Within the last 12 months  More than one year ago  Never

Your child has no dental insurance  Your child has no medical insurance

Please fill out insurance information as Medicaid and other dental insurance carriers will be billed. By signing below indicates that you have read and understand the contents of the general information and medical history form. You understand the terms of the consent agreement and that you have legal authority to give consent for this child. Your child's personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of your child as part of the Health Insurance Portability and Accountability Act (HIPAA).

Medicaid #: \_\_\_\_\_ Name of Insurance: \_\_\_\_\_  
 Subscriber Name: \_\_\_\_\_ Subscriber Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Group #: \_\_\_\_\_ Policy or ID #: \_\_\_\_\_  
 OR Insured SS#: \_\_\_\_\_ Insured Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Photo Consent/Release: I consent the use of pictures, video or audio recordings of my child for program promotion.**  Yes  No

**Printed Parent/Guardian Name:** \_\_\_\_\_ **Signed Parent/Guardian Name:** \_\_\_\_\_

This consent will be valid for the 12 month period of this program **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# WE ARE COMING TO YOUR SCHOOL!

Northland Health Centers Dental Sealant & Fluoride Varnish Program



Northland Health Centers, along with your child's school, will be offering the following services to help keep your child's teeth healthy by:

- Evaluating teeth for potential cavities
- Putting dental sealants on back teeth to prevent cavities
- Putting fluoride varnish on teeth to keep them strong (a natural vitamin for the teeth)

We will also be teaching your child how they can prevent cavities by brushing their teeth and visiting the dentist!

Both fluoride varnish and sealants are safe, easy to apply, and painless. Because it's so easy to apply fluoride and sealants, we will not give your child anything to relax them, or any shots, medications, or x-rays.

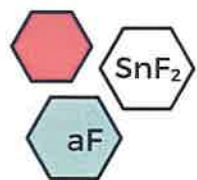
**Step 1** Complete the consent form and return to your child's homeroom teacher. We need your permission for your child to participate.

**Step 2** If your child gets their teeth cleaned at least once a year at a regular dental office this program is not intended for them. Keep seeing your regular dentist!

We encourage all children to have regular dental care. If we have any concerns about your child's teeth after the exam it is important to schedule an appointment with a dentist. If you don't have a current dentist please contact us.

This program does not take the place of seeing your family dentist twice a year. Your child's smile is important!

If you have any questions, contact us at:



## HIPAA Notice of Privacy Practice

This is a summary of the detailed information: As your child's healthcare provider, we may use your child's health information to provide him/her with healthcare services. We may use and disclose health information about your child's care, if necessary; in order to ensure all our patients continue to receive quality care. As the parent or guardian of your child (our patient) you have the right to inspect and copy the medical information that we maintain, amend, or correct that information, and the ability to file a complaint with us if you feel your right has been violated. If you have any questions, concerns or complaints about the Notice or your medical information please call: