



## Parent Informed Consent for Dental Treatment

Dear Parent or Legal Guardian

Sadler Health Center's Miles of Smiles Dental Program is a service that is coming to your child's school!

If you provide your informed consent and permission for your child to participate, a team of dental professionals can do an exam, take xrays, do a cleaning, apply fluoride, and place sealants during the school day without you needing to take them into the office because the mobile dental office is coming to their school.

If you want your child to participate in this program, please complete the form below.

Your child's FIRST name: \_\_\_\_\_ Your child's LAST name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Name of School: \_\_\_\_\_ Name of Teacher: \_\_\_\_\_

Name of your child's doctor (Name, phone number)? \_\_\_\_\_

Please list any medications (prescription or over the counter), vitamins, or supplements your child is taking:

Please list any allergies and reactions your child has:

Has your child been hospitalized or has had any other serious illness? If yes, please list:

- I have read all the information in this packet or I have had it read to me and understand the information given.
- I understand that this is not a free service and my insurance will be billed or I will receive a bill for services. I am aware that there is opportunity for reduced fee for services if my child does not have insurance coverage.
- I will receive a form that explains what services were provided to my child and information on how to get follow up care for my child.
- I understand that dentist/hygienist will use the information provided above to provide dental treatment for my child. All of the information I gave is correct.
- I am my child's mother, father, or court appointed legal guardian and have authority to consent to dental treatment for my child.
- I give my consent for my child to receive the following (please check all that apply).

\_\_\_\_ Exam, radiographs (xrays), and cleaning

\_\_\_\_ Topical fluoride

\_\_\_\_ Sealants

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_