Panhandle Public Health District

Parent Consent Form

Dental Health Program
Keeping Teeth Strong

IMPORTANT: PLEASE COMPLETE THIS FORM AND RETURN TO YOUR CHILD'S SCHOOL.

Permission given on this form will apply to both fall and spring dental visits during the 2023-2024 school year.

I **give** my permission for my child to receive: **PLEASE CHECK (✓) ALL THAT APPLY**

- ☐ **YES- Fluoride Treatment** (help strengthen teeth to prevent cavities)
- ☐ **YES- Dental Sealants *(if offered for grade level)*** (to protect chewing surfaces and help prevent cavities)
- ☐ No-I ***do not*** give permission for my child to receive a fluoride treatment or dental sealant.

Child's First Name:_____Last Name:_____ Grade:_____

Child's Date of Birth (month/day/year) _____/____/_____ Child's Gender □ Male □ Female

Parent/Guardian Name:_____ Phone:_____

Home Address:_____ City:_____ Zip:_____

Does your child have Nebraska Medicaid? YES or NO

Optional donation enclosed? Amount $_____

Please answer the following questions:

1. Does the child have a family dentist? YES or NO
2. Do you release the right to photograph your child in connection with the Dental Health Program-Keeping Teeth Strong to Panhandle Public Health District? YES or NO

   Examples: PPHD may use such photographs with the child's name for news releases, publicity, illustration, advertising, and web content.

I hereby attest that I am the child's parent or legal guardian.

Parent/Guardian Signature:_____ Date:_____

Admin only: Fall visit date _____ Spring visit date_____
Screening: Class 0 1 2 Area UR UL LR LL Tx: Fluoride Y/ N Sealants Y/N _____PHRDH_KL_____
Fiscal accountability: Amount enclosed:_____ Check #_____ Form revision date: 9/13/2023