

Public School Dental Screening Permission Form

Good oral health is important to help children stay healthy and ready to learn. This optional assessment will let you know if your child has any dental problems that require attention by a dentist. The assessment must be done by a Registered Dental Hygienist, Dentist, or Dental Therapist and does not replace a regular visit with a dental professional.

STUDENT INFORMATION

Child's Name (Last, First, Middle):

Date of Birth (mm/dd/yy): _____

Address (Number, Street, City, Zip Code):

Home/Cell Phone Number: _____

Parent/Guardian Name (Last, First, Middle):

Parent/Guardian Email: _____

School Name: Superior Public School, Superior, NE

Child's Last Dental Appointment: _____

Reason for Appointment: _____

Has there been a time that your child needed dental care but could not get it?

YES

NO

☐ I give permission for my child to receive a dental screening.

☐ I do not give permission for my child to receive a dental screening

Parent Name: _____

Parent Signature: _____

