

**PARENTAL CONSENT**

**SCHOOL NAME:** \_\_\_\_\_

**MarillacHealth** is providing free dental screenings to students. Marillac dental hygienists will be providing an oral screening and fluoride varnish application at the school. These services are preventative and educational. This form releases any liability of MarillacHealth during this activity. **MarillacHealth may call you regarding further urgent dental needs of the student.**

*Cavities (also known as caries or tooth decay) are the most common chronic disease of childhood in the United States. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often [miss more school and receive lower grades than children who don't.](https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html)*  
<https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

PARENT/GUARDIAN'S NAME (please print): \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

CHILD'S BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_ GENDER \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOES YOUR CHILD CURRENTLY HAVE A DENTIST: **YES** **NO** DENTIST NAME: \_\_\_\_\_

TYPE OF INSURANCE: (Circle One and complete)

**MEDICAID #:** \_\_\_\_\_

**CHP+ #:** \_\_\_\_\_

**Private Insurance**

**NONE, No Insurance**

IS YOUR STUDENT SEEING A PRIMARY CARE PHYSICIAN OR A PEDIATRICIAN: **YES** **NO**

PRIMARY CARE/PEDIATRICIAN NAME: \_\_\_\_\_

\*\*\*Please complete this registration form online at [MarillacHealth.org/SmartSmiles/](http://MarillacHealth.org/SmartSmiles/) or by scanning the QR code below. If you are unable to complete and submit this form to us electronically, please return this form to your student's teacher. Even if your child already has a dental home, we recommend your participation to reinforce healthy habits. If you have more than one student attending the school, please fill out a form for EACH student.

There will be no out of pocket costs to families for the services provided at the school screening. Certain insurances will cover the cost of the screening and fluoride application.



**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FLUORIDE VARNISH**

Fluoride is a naturally occurring mineral that bonds with the crystal structure of a tooth and provides increased protection from tooth decay. Fluoride is highly recommended by the American Dental Association as well as the American Academy of Pediatrics. Fluoride has been shown to be safe in regulated doses for children and adults.