



# JUST KIDS DENTAL

## 2017-2018 Minnesota School-Based Dental Program Consent

Dear Parent/Guardian:

Did you know an oral health program is available at your child's school? Just Kids Dental has partnered with your school district at no charge to provide oral health education and preventive dental services to underserved children at school. This program focuses on economically disadvantaged children enrolled in Medicaid and low-income children without dental insurance coverage per available limited grant funding. Families covered under private insurance are encouraged to continue all care at your established family dentist. A parental consent form MUST be completed in INK and returned to school immediately before your child may receive services. Complete a SEPARATE form for EACH eligible child.

Services provided by a Registered Dental Hygienist include:

- Oral Health Instruction • Screening • Dental Cleaning • Fluoride Varnish • Sealants
- Toothbrush • Toothpaste • Floss



**IF YOU DECLINE SERVICES FOR YOUR CHILD OR HAVE PRIVATE DENTAL INSURANCE PLEASE DO NOT RETURN FORM AND STOP HERE**



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

Child's LAST Name: \_\_\_\_\_ MIDDLE Initial: \_\_\_\_\_ FIRST Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ Emergency/Alternate Phone: \_\_\_\_\_

Race/Ethnicity: \_\_\_ White \_\_\_ AA/Black \_\_\_ Asian \_\_\_ Hispanic \_\_\_ American Indian/Alaska Native \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ Other

### HEALTH HISTORY CIRCLE YES OR NO ALL QUESTIONS MUST BE ANSWERED FOR YOUR CHILD TO RECEIVE SERVICES

- YES / NO Does your child have any allergies? List: \_\_\_\_\_
- YES / NO Does your child take any medications? List: \_\_\_\_\_
- YES / NO Has your child had any heart conditions? List: \_\_\_\_\_
- YES / NO Does your child have any diseases or special health care needs? List: \_\_\_\_\_
- YES / NO Does your child have private dental insurance?
- YES / NO Has your child EVER seen a dentist?
- YES / NO Has your child had a dental cleaning in the last 6 months? If yes, Name of Dentist and date of visit: \_\_\_\_\_
- YES / NO Is your household eligible for • Free/Reduced Lunch • Energy Assistance • Daycare Assistance?
- YES / NO Does your child have state public medical assistance? List 8 Digit ID #: \_\_\_\_\_

- I understand the nature of the treatment provided and authorize a Registered Dental Hygienist to provide preventive dental treatment advisable by the RDH.
- I authorize Just Kids Dental to discuss health and medical-related information with my child's current and/or previous dental offices.
- I acknowledge I am able to exercise my rights under HIPAA and privacy rules of the Health Insurance Portability Accountability Act of 1996 while being able to request additional information at any time by contacting Just Kids Dental at 218.206.4327, P.O. Box 146, Two Harbors, MN 55616.
- I understand permission is effective for a period of twelve months to provide follow-up services, including multiple fluoride varnish applications.
- I understand this program bills Medical Assistance insurance for eligible children. The treatment your child receives is not meant to be an alternative to regular dental care. Just Kids Dental strongly recommends that you seek out a dental home (family dentist) for routine dental care including any treatment which may be advised.
- I consent to allow pictures of my child to be taken and possibly used in newspapers, web or for promotional use of Just Kids Dental (child's name will never be used).
- Please print NO if you do not consent to photo portion of form: \_\_\_\_\_

**By signing below, as parent/legal guardian of above named child, I consent for my child to participate in the JUST KIDS DENTAL SCHOOL-BASED DENTAL PROGRAM for the 2017/2018 school year. I understand that if I fail to sign this dental consent form, my child will not receive any services through Just Kids Dental.**

Print Name of Parent/Guardian Signature Relationship to Child Today's Date

