

"DENTAL SAFARI COMPANY"

Coming to

Lawrenceville Community Unit #20 Schools

Unit 20 School District in Lawrenceville, IL will be hosting Dental Safari Mobile Dentist. They will be at Parkside Elementary on December 11th and 12th, Parkview Jr High December 13th and Lawrenceville High School on December 10, 2019.

We have invited the Mobile Dentist to bring its preventive dental care program to our schools because we know how important good oral health is to our students' overall general health which ultimately influences their education.

Each student seen by Dental Safari receives the same professional dental care as a standard fixed-location dental office. Often, access to dental care is limited in rural communities. Dental Safari solves this problem by bringing their office to our schools.

Mobile Dentists will set up a mini-dental office in our buildings and can provide dental examinations, cleanings, fluoride treatment and sealants (if needed) for all children who return completed forms. Additionally, if urgent care needs are present, the student may be treated in a mobile dental unit on-site in the school parking lot.

Dental Safari services are available to all kids whether they; are on the state medical card, qualify for free or reduced lunch, have private insurance or pay by cash. No child is ever turned away because of financial need.

Signing your child up to see the Mobile Dental team is an easy way to receive necessary preventive dental care. Dental exam forms required by the State of Illinois for Kindergarten, 2nd, 6th, and 9th graders will be completed at the time of exam.

An application to see the dental team may be obtained, completed and returned to your child's school. For more information on the company, or to download additional forms, parents may visit: www.dentalsafaricompany.com. Or call 943-6161 for more information.

DENTAL CONSENT FORM



we're on facebook

Dental Safari Company
7562 Old Rt 13
Marion, IL 62959
(618) 993-8333
(618) 993-8335 fax
contact@DentalSafariCompany.com

School _____ Grade _____
County _____ Teacher _____

Now! Can Fill Out / Submit Online!!

Parents/Guardian

DENTAL SAFARI COMPANY, a fully licensed, professional corporation, will be at your child's school. By signing this consent form, your child will receive a visual exam (no x-rays) by a licensed dentist, a cleaning, Fluoride, and sealants as needed.

ALL CHILDREN ARE ELIGIBLE. Please select the method of payment you would like to use (check one):

- Medicaid / All Kids (9-digit ID# required)
- Grant Fund – Child is on the free or reduced lunch program but has NO MEDICAL CARD #.
- Private Insurance – Most private insurance pays 100% on services we perform (questions: call (618) 993-8333)
- Cash (or Check) Payment (pick one) Full Price \$128 [due with consent form]
- Credit Card / PayPal (go to website) Reduced Fee (\$75 total. [due with consent form] **Must Sign Declaration below**)

www.DentalSafariCompany.com

Cash Payment Declaration/Reduced Fee Waiver

For financial reasons, Parent/Guardian is unable to pay Full Price for dental services at this time.

(print name) signature date

Child's (legal) Name _____ Male Female Birth Date ____ / ____ / ____

Address _____ City _____ ZIP _____ Phone _____

Cell Phone: _____ **OK, to text?** Yes No e-mail: _____

Is Child Eligible for Free or Reduced Lunch? YES NO (9-digit # on back of Card)

Medical Card KidCare / All Kids Card RECIPIENT ID# _____

Does Your Child have PRIVATE Dental Insurance? YES NO

Primary Card Holder Name _____ Phone _____ Employer _____

Primary's Address _____

Primary's: Birth Date ____ / ____ / ____; Primary's Soc. Sec. #: _____ - _____ - _____

DENTAL insurance company _____ Insurance Company Phone _____

Member ID#: _____; Group #: _____

YES NO **NEED FOR PREMEDICATION?** – Does child need premedication with antibiotics for dental treatment?
** IF YES – Please call our office: (618) 993-8333

HEALTH HISTORY – PLEASE FILL OUT COMPLETELY

Has your child had any history of the following? **Check ALL that apply:**

- AD/HD Blood Disorders Diabetes Heart Speech Difficulties
- Allergies (seasonal) Cancer Ear Aches Heart Murmur Surgeries
- Asthma Cerebral Palsy Growth Problems Pregnancy Tobacco / Drug Use
- Autism Chronic Sinusitis Hearing Seizures Other

Other (checked above) Please Describe: _____

YES NO **Is child allergic to ANY medication?** list _____

YES NO **Is child taking ANY medications** at this time? _____

YES NO **Has your child ever suffered injuries** to the mouth, head, or teeth? _____

YES NO **Does child's home have well water?** _____

6-Month Recall?

If we return in six months, would you like your child to receive a dental exam, cleaning, Fluoride and sealants at that time as well?

YES NO

Undecided, would like more information

* The American Academy of Pediatric Dentistry (AAPD) recommends children visit the dentist at least every six months (twice a year)

Optional: Photo/Video Release For Minor Child

_____ parent/guardian

_____ child

I, as parent/guardian, of the above child, give permission to Dental Safari Company to take and use pictures/videos in promotional material with no compensation to me. NOTE: Your child's name will not be used unless further permission is given.

(signature)

IMPORTANT: PARENT / GUARDIAN SIGNATURE REQUIRED

I am a custodial parent or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment described, and allow the school nurse/school representative and dental provider access to child's dental record.

SIGNATURE (RELATION TO CHILD) DATE

* By signing, you give permission to treat your child and understand your HIPPA rights.

[HIPPA form can be reviewed at www.DentalSafariCompany.com, or a copy can be sent to you by using DENTAL SAFARI COMPANY's contact information in upper-right corner of this Consent Form]

* Also, gives permission for HFS, QA Audits and providers to return to your school and re-check your child's sealants.