

CONSENT FOR DENTAL SERVICE

Your school and The Heart That Smiles has arranged for dental services for eligible children. These services may include exam, cleaning, fluoride treatment, and sealants (a protective coating on the chewing services of back teeth). Licensed dentists, hygienists, and assistants will come to your child's school with portable equipment. If you would like your child to participate, please complete the below information and return it to your child's school. This will also give permission for IDPH Quality Assurance Audits to be performed and providers to return to your school to recheck your child's sealants.

School Name	Classroom	Home Phone
Student Name	Date of Birth	Grade Gender
Home Address	Apartment #	Zip Code
Has your child had any history of, o AnemiaChronic SinusitisGr HearingThyroidBleeding d CancerEpilepsyLatex aller Other Is your child taking any prescription a If yes, please list: Does your child have any speech diffic Has your child ever suffered injuries to	rowth problems Seiz isordersEar aches rgy Fainting Cere nd/or over-the-counter ulties? Yes No	uresAsthma Diabetes Heart Tobacco/ drug use ebral Palsy Pregnancy (teens) medications at this time? Yes No
Medicaid/ Illinois ALL KIDS: If your	child is covered by ALL	KIDS, please include ID number:
Name of private dental insurance: Insurance Telephone Number Employer Name Name of Insured Social Security Number of Insured Per	Group Number Date of Birth of Ins	 ured
<u>If No De</u>	ental Insurance Please	<u>Check Box Below</u>

I have no dental insurance and I would like someone to contact me about how I can still receive these great services.

Date:

By signing this form, you give permission to treat your child. Our privacy policy is available on our website. Copies available upon request. A report card will go home with your child following the dental visit. If you do not receive a form please call us at number listed below.