

# DENTAL SEALANT PROGRAM PARENT CONSENT FORM

About Your Child

Child's Name: \_\_\_\_\_  
 First Middle Last Sex Birth Date Age

Parent or Guardian Name: \_\_\_\_\_

Best Number to Reach You

Name of School

Grade

Teacher

No payment is required from you for this program. However, the cost of the service is more than \$150 per child and we rely on insurances such as Oregon Health Plan, as well as the sponsorship of Capitol Dental, to help cover the costs. **Private insurance is not billed.** If your child is covered by the Oregon Health Plan, please provide their

Oregon Health Plan ID#:(OHP) \_\_\_\_\_

Health History

Has your child seen a dentist within the past 12 months? ☐ Yes ☐ No

Does your child have allergies? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

Is your child taking any medications? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

Is there anything else we should know about the health/behavior of your child? ☐ Yes ☐ No  
 (Examples: ADHD, Autism, Seizure Disorders, etc.)

If yes, what? \_\_\_\_\_

I give consent for my child to participate in the school based dental preventive program certified by the Oregon Health Authority and provided by SmileKeepers Dental/Capitol Dental Care. This consent remains in effect for 24 months. The results may be shared with the school nurse, school district, my dental provider and my Coordinated Care Organization. I have been given a copy of the Notice of Privacy Policies or it is available to me on the CDC website at <http://www.capitoldentalcare.com>. A parent that has any concerns or questions regarding the Notice may contact CDC at 1-800-525-6800.

- ☐ **YES**, I want my child to be assessed and receive dental sealants if needed.
- ☐ **NO**, I don't want my child to have a dental assessment or get free dental sealants. If No, please check one of the following. ☐ My child's dentist will provide these services.
- ☐ Other, please describe: \_\_\_\_\_



Signature of Parent or Guardian

Date



Unprotected  
No Sealant

Protected  
After Sealant

SmileKeepers  
DENTAL

