



AUTHORIZATION FOR DENTAL HYGIENE SERVICES



During the year, we offer Bethel students dental hygiene exams, teeth cleaning/fluoride varnish treatments, and sealants at no cost to you. (We will attempt to get reimbursement from your insurance carrier whenever possible.) These services, if indicated, will be provided by White Bird Dental Clinic. If you want your child to receive these services, please answer the questions, sign, date and return to your school health aide.

School Name: _____	Date of Birth: _____	Gender: M/F	
Child's Name: _____			
Child's Dental Insurance: _____	Ins. Recipient/Patient ID #: _____		
Parent/Guardian: (please print) _____			
Address: _____	City: _____	State: OR Zip: _____	
Telephone #: Home: _____	Work: _____	Message: _____	
Date of Last Dental Exam: _____	Dentist Name: _____		
My child is allergic to: _____			
Behavioral Considerations: _____			
My child has: (circle all that apply)	Heart murmur	Epilepsy	Asthma
	Diabetes	Surgery	Other: _____
Medical Doctor Name: _____			

As the parent/guardian, I hereby give consent for my child to receive dental hygiene examinations, fluoride varnish treatments, teeth cleaning, and sealants as indicated during the year. I also give consent for exchange of information between White Bird Dental Clinic, all schools within the Bethel School District, Oregon Health Authority, Insurance carrier, Dentist of Record and the Bethel Health Center. This consent will remain in effect for 24 months. White Bird school-based dental services are meant to **supplement**, but not replace your child's regular dental visits. By signing this form, I am also acknowledging that I have received a copy of the White Bird Dental Clinic Notice of Privacy Practices that is attached.

Signature: _____ **Date:** _____
Parent/Guardian

Please provide the following information for our statistics. This will not affect your child's eligibility to receive services.

Ethnicity: (circle all that apply)

Asian Hispanic Black White Native American Native Hawaiian/Pacific Islander Other: _____

Housing status:

Owens home Rent Lives with others (family or friends) Living in shelter Section 8 Homeless: living on streets

Household Income:

Total household monthly income : \$ _____

Number of people in household: _____