

**University of South Dakota
Department of Dental Hygiene
School-based Preventive Dental Program Permission Slip**

The University of South Dakota Dental Hygiene Department has a School-based Preventive Dental Program and we're coming to your child's school **January 9-10, 16-17**. USD Dental Hygiene students and faculty will provide **FREE** dental screenings, fluoride varnish treatments and tooth sealants to children with their parent'(s)' permission. In addition, we are able to take xrays for a fee of \$25 and clean your child's teeth for an additional \$35. **The program is intended to provide care for children who have not seen a dentist in the past 2 years. If you routinely see a dentist, please consult with him/her prior to scheduling with us.** With your permission, your child will be seen during school hours at the school in our portable dental office. We would be happy to have your child participate. You will receive information and a phone call from us after your child is seen to let you know if we have any concerns about your child's teeth and to let you know what we did. You'll also be able to give us feedback about your experience in a survey. Thank you for providing the following information and permission. It will greatly assist our process.

School _____ Date _____ Child's name _____ Grade _____
 DOB _____ Age _____ Sex _____ Ethnicity _____ Parent/Guardian's name _____
 Phone number _____ Email address _____
 Address _____ City _____ State _____ Zip Code _____

Has your child been hospitalized in the last 3 years? [] Yes [] No Comments: _____
 Are you seeing a physician at this time? [] Yes [] No If yes, give reason: _____
 Is your child currently ill with a communicable disease? [] Yes [] No Comments: _____
 Does your child have any allergies? [] Yes [] No List: _____
 Does your child take any medications [] Yes [] No List: _____
 Do you have any concerns about your child's teeth? [] Yes [] No Comments: _____
 When was your child's last dental appointment? _____ Dentist Name: _____

*Does your child have private dental insurance? [] Yes or [] No If yes, please identify cardholder's DOB _____ and place of employment _____. In addition, please provide a **copy of your dental insurance card**. We will be happy to bill the insurance for you.

*If your child would like a dental cleaning and/or x-rays in addition to the free services, **please make checks payable to, USD DH, and staple it to this permission slip. Checks must be attached to the permission slip or additional services will not be provided.**

*Is your child enrolled in the state Title XIX/ Medicaid or SCHIP program? [] Yes [] No If yes, ID#: _____. We will bill Medicaid/SCHIP for all preventative services.

I give the University of South Dakota Dental Hygiene Department permission to see my child for the following procedures:

- _____ **Free** Dental Screening: A visual review of the mouth to determine the health/disease status in order to refer to a dentist. This does not include or replace a complete dental exam done by a dentist.
- _____ **Free** Fluoride treatment: A protective coating painted on teeth to prevent/slow the formation of cavities.
- _____ **Free** Dental Sealants: A protective coating placed on molars to prevent/slow the formation of cavities.
- _____ **\$35** Dental Cleaning: Teeth cleaning and polishing.
- _____ **\$25** Dental x-rays: (ages 8 and up only) Can be sent to a dentist for evaluation

In consideration of allowing treatment, I agree to hold harmless, release, and indemnify agents, servants, and students of the University of South Dakota and its employees including, but not limited to dentists, and dental hygiene faculty, as well as agents and servants from my child's school district including, but not limited to teachers, staff, administration, and school boards, from any and all causes of action, claims, demands, or liability which may arise out of such treatment on behalf of myself, my heirs, my executors, administrators or assigns or on behalf of my minor child or children or his/her (their) heirs, executors, administrators or assigns.

Parent/Guardian Signature: _____ Date: _____

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