DENTAL HYGIENE SERVICES PERMISSION FORM

Please follow these simple steps:

1. Fill out this form completely
2. Sign and date
3. Return this form to the school

YES, I want my child to receive (check one); ☐ Dental Hygiene Exam and Flouride Varnish ☐ Dental Hygiene Exam ONLY	☐ **NO, I do not want** my child to recieve any of the services listed.

Child's Name:

Last Name First Name Middle Initial

School:

Child's Gender: MALE FEMALE	Grade:	Date of Birth:

Parent/Legal Guardian:	Best Phone Number to reach you durring the school Day:

Address:	City:	State:	Zip:

Dentist Name:	Teacher's Name:

*Dental Insurance (Please circle):

Capitol Willamette Advantage Dental ODS Open Card Private None Other:

My child is taking (list medications):

My child is allergic to:

My child has experienced the following:

☐ Heart Surgery ☐ Asthma ☐ Epilepsy ☐ High blood pressure

☐ Diabetes ☐ Other (please describe):

Behavioral considerations (please describe):

I give my consent for the child named above to receive from Advantage Dental Clinics, LLC ("Advantage Dental"), and/or one of its representatives, hygiene services; which may include cleanings and fluoride varnish. I also hereby consent to the release and exchange of information, including any personal health information and scheduling information, between Advantage Dental, Crook County School District and the Crook County Health Improvement Partnership and the Dentist of Record. In addition, by signing this form, I am acknowledging that I have received a copy of Advantage Dental's Notice of Privacy Practices and HIE Notification and the fluoride varnish fact sheet that are attached. This form will remain in effect for 24 months unless revoked by me.

Signature: _____ Date: _____

Legal Parent/Guardian

FOR MORE INFORMATION ABOUT THESE SERVICES OR ADVANTAGE DENTAL, PLEASE CALL 866-268-9631

Advantage Dental Clinics, LLC
The Advantage Community

CHIP Crook County Community Health Improvement Partnership
Resources for healthy lives

Crook County School District
Where Students Dream, Learn, & Succeed

If your child is on the Oregon Health Plan, Advantage Dental will report these services to your plan. These services, if authorized, will be provided by Advantage Dental and/or one of its representatives.