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, or conditions related to, any of the following:
___ Anemia ___ Chronic Sinusitis ___Growth problems ___ Seizures ___Asthma ___ Diabetes
___ Hearing ___Thyroid ___Bleeding disorders ___Ear aches___ Heart___ Tobacco/ drug use
___Cancer ___ Epilepsy ___ Latex allergy___ Fainting___ Cerebral Palsy___ Pregnancy (teens)
Other_____
Is your child taking any prescription and/or over-the-counter medications at this time? Yes No
If yes, please list: _____
Does your child have any speech difficulties? Yes No
Has your child ever suffered injuries to the mouth, head, or teeth? 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 _____- _____Group Number _____
Employer Name _____
Name of Insured _____ Date of Birth of Insured_____
Social Security Number of Insured Person _____

<u>If No Dental Insurance Please 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.

SIGNATURE:_____ **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.

199900 Governor's Drive, Olympia Fields, IL. 60461 | Phone: 708-808-4950 Fax: 708-794-0466 E-Mail: info@heartsmiles.org
Web: www.heartsmiles.org