

Putnam County Dental Health Initiative – Consent Form



Dental Screening  
Consent Form & Parent Questionnaire

Please complete this form and return it to your child's teacher by **FRIDAY, JUNE 1st**. Thank you!

If you give permission, a dentist will screen your child's teeth to check for tooth decay and other dental problems. The screening takes approximately 1-2 minutes. Your child will receive a letter to take home that tells you about the health of your child's teeth. This screening does not take the place of regular dental check-ups. If you have a family dentist, then you can share the results of this screening with them. If you do not have a family dentist, a list of dentists willing to arrange care will be offered after the screening.

Please be assured that the dental screening will be carried out in a **safe, confidential** manner. A fresh pair of dental gloves, and a new disposable mouth mirror and tongue depressor will be used for each child. The dentist will follow all infection control guidelines set by the Centers for Disease Control.

Please answer the following questions to help us learn more about your child's dental history. Your answers will remain private and will only be used during your child's screening. **Please answer even if your child is not being screened to help the Department of Health assess the oral health status of all 4<sup>th</sup> grade children.**

Check the box next to your answer.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?

- No  Yes  Don't know/don't remember

2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienist. (Check only one)

- 6 months or less  More than 3 years  
 More than 6 months, but not more than 1 year ago  Never has been to the dentist  
 More than 1 year ago, but not more than 3 years ago  Don't know/don't remember

3. What was the **main reason** that your child last visited a dentist? (Check only one)

- Went in on own for check-up, examination, or cleaning  
 Was called in by a dentist for check-up, examination, or cleaning  
 Something was wrong, bothering or hurting my child  
 Went for treatment of a condition that dentist discovered at earlier check-up or examination  
 Went to have Dental Health Certificate for school completed  
 Other \_\_\_\_\_  
 Don't know/don't remember

Thank you for participating!

ParentC

\_\_\_\_ **Yes, I give permission** for my child to have his/her teeth checked.

\_\_\_\_ **No, I do not give permission** for my child to have his/her teeth checked.

\_\_\_\_\_  
Signature of Parent or Guardian:

\_\_\_\_\_  
Child's Age:

\_\_\_\_\_  
Name of Student:

\_\_\_\_\_  
Name of Class Teacher: