802 Smiles Dental Health Program
Consent for Services (Tiers 1 and 2)

Please fill out the information below, sign and return it to your child's school.

Child's First and Last Name: _____ **Date of Birth**: _____

What treatments are provided through my child's 802 Smiles Dental Health Program?

Your school's 802 Smiles Dental Health Program offers dental screenings, dental cleanings, and fluoride varnish (where available).

We recommend that your child receives care through your established dental home, if you have one, rather than through your school's 802 Smiles Dental Health Program.

Consent to Treatment:

☐ **Yes, I want my child to participate in the 802 Smiles Dental Health Program.** I understand that if there is a dentist listed on this form, they will get a report of the findings from the 802 Smiles dental hygienist. I understand my child may receive any or all of the following services based on the 802 Smiles dental hygienist's assessment, without consultation of a dentist:

- dental screening
- dental cleaning
- fluoride varnish

☐ **No, I do not want my child to participate in the 802 Smiles Dental Health Program.**

Consent to Information Sharing:

With your child's dentist: If your child has a dentist on file and you choose to get dental care through the 802 Smiles Program, information about what services were provided will be shared with them. **This information sharing is mandatory:**

☐ **Yes, I want my child's information to be shared with their dentist on file.**

☐ **No, I do not want my child's information to be shared with their dentist on file. I understand my child will not receive dental care through the 802 Smiles Program.**

With the Vermont Department of Health: The Vermont Department of Health would like to use your child's information to evaluate the effectiveness of this program. Do you also give permission for the 802 Smiles dental hygienist to share your child's dental treatment records with the Vermont Department of Health? **This sharing is optional:**

☐ **Yes, I allow** the 802 Smiles dental hygienist to **share my child's dental records** with the Vermont Department of Health.

☐ **No, I do not allow** the 802 Smiles dental hygienist **to share my child's dental records** with the Vermont Department of Health.

Please check here if you are a **foster parent**, or if you have **shared custody of this child**: ☐

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

If you give permission for your child to participate in the 802 Smiles Dental Health Program, please continue to the next page.

802 Smiles Dental Health Program
Consent for Services (Tiers 1 and 2)

Child's dental history:

When was your child's most recent dental visit?

○ Within the past year ○ More than a year ago ○ Never been to the dentist

Who is your child's primary dentist if they have one? _____

What type of dental insurance does your child have? No child will be denied service because of insurance coverage. Note that the 802 Smiles dental hygienist may bill Medicaid for the services provided to your child.

○ Medicaid/Dr. Dynasaur – Your child's Medicaid ID number: _____
○ Private dental insurance (i.e., Delta Dental) ○ Tricare
○ No Insurance ○ Other _____
○ Don't know

Does your child have any allergies? (i.e., medications, food, latex, silver, etc.) ○ Yes ○ No

If yes, what type? _____

Child's medical history:

Does your child have a physical, mental, learning, or emotional health condition or disability?

○ Yes ○ No ○ I don't know ○ Prefer not to answer

If you responded yes to the previous question, how can we better accommodate your child during their dental visit?_____

Optional demographic information:

Sex assigned at birth: ○ Male ○ Female ○ Non-Binary ○ Prefer not to answer

The next question asks about your child's racial and ethnic identity. We ask this question because we want to make sure our program is serving people of all races and ethnicities. We understand that the answer choices may not accurately represent your child's identity.

Which of the following best describes your child? (Please check all that apply.)

○ Abenaki or another Native American or Alaska Native identity

○ Asian or Asian American, for example, Chinese, Asian Indian, Nepalese, or Vietnamese

○ Black or African American

○ Hispanic or Latino, Latina, or Latinx, for example, Mexican, Venezuelan, or Brazilian

○ Middle Eastern or North African (list continues on the next page)

- ○ Native Hawaiian or another Pacific Islander
- ○ White or European American
- ○ An additional race or ethnicity, please share: _____
- ○ I prefer not to answer

Is there anything else you would like us to know about your child?

_____

_____

_____

Return the completed and signed form to your child's school.