Center Name:

Staff Name:

Program Code:

Dental Screening Consent Form

Dear Parent or Guardian,

We are offering dental screenings for your child. Our goal is to inform you about your child's dental health, and ensure your child has a dental home. If you agree, your child will receive:

- Two dental screenings conducted twice during the school year. A Sea Mar dentist will come to your center to look at your child's teeth, make a visual evaluation and apply fluoride varnish.
- We will provide you with a brief description of our findings. If you need a dental provider we will gladly give you information to make a dental appointment for your child.
- If your child is covered by Medicaid and Private Insurance, the screening will be billed to them. If your child is uninsured, financial assistance will cover the cost.

PLEASE COMPLETE THE INFORMATION BELOW

If these options are left blank, we will assume you do not want the screening for your child.

____Yes, I want my child to have a dental screening and receive a fluoride varnish

____Yes, I want my child to have a dental screening ____ No, I do not want my child to have a dental screening

Name of Child: ____ **Date of Birth:** _____________

First Middle Last

Gender: M _____ F _____

Name of Parent/Guardian: ____ **Date of Birth:** _____________

First Middle Last

Address: ___________________________________ **City:** _______________ **Zip:** _____________

I give SeaMar permission to share my information with PSESD Early Learning Programs ☐ **Yes** ☐ **No**

I give SeaMar permission to contact me ☐ Yes ☐ No

BILLING INFORMATION

WASHINGTON APPLE HEALTH: Please list your child's Provider One insurance information below

Provider One Number: ___________________________________ Issue Date: _____________

PRIVATE DENTAL INSURANCE: Please list your child's insurance information and attach a copy of the card

Private Dental Insurance Plan: _________________________ Member Number: _______________

________ Please check if your child does not have dental insurance coverage

_______________________________________ **Date:** _______________

Name of parent or guardian

_______________________________________ **Phone:** _____________________

Signature of parent or guardian