

**SCHOOL BASED WELLNESS CENTER
Dental Screening Services
(Optional)**

Dear Parent/Guardian:

The Washington County School Based Wellness Center is pleased to offer **FREE** dental screening services for your child. In this program, he/she will receive the following: **dental screening**, education, counseling and recommendations. For other dental treatment (i.e. filling, extractions, x-rays) your child will need to be referred to the appropriate provider.

This prevention program is **not** meant to take place of your regular dentist. Your child should receive a complete examination offered in a dental office setting, with x-rays, as often as recommended by the dentist.

This service is optional. If your child visits a dentist at least twice yearly, you may opt out of this screening.

- My child does not need Dental Screening.**
- I give permission for my child to receive the above dental services. (MUST sign below and complete registration information for services)**

Parent/Guardian Signature

Date

**PREVENTATIVE DENTAL PROGRAM
Registration Form**

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____

Who is your Child's Dentist? _____ Date of last dental visit: _____

Allergies to medications? (Please list) _____

Additional Health information we should know about your child: _____

DENTAL HISTORY: (Please circle yes or no)

Yes No Is your child currently complaining, or have they complained in the last six months, of any mouth pain?

Yes No Has your child visited a dentist before?

Yes No Does your child routinely goes for six-month check-ups?

Yes No Has your child ever had Dental Sealants?

Yes No Does your child take fluoride supplements or participate in the school fluoride program?