GraceMed
HEALTH CLINIC

Consent for In-School Dental Care

Preventive services: GraceMed Health Clinic is providing in-school dental care including dental screenings, cleanings, sealants and fluoride varnish. All children are invited to participate in the program, but the program has a special focus on those children not receiving services elsewhere. No child will be denied services based on insurance status or ability to pay. However, Insurance (if available) will be billed.

*****If your child already sees a dentist regularly do not complete this form*****

School Name:_____

Student Name: _____ Gender: ☐ Male ☐ Female
Date of Birth: _____ Age: _____ Grade: _____ SSN # XXX-XX-_____
Parent Name _____ Phone # _____
Address: _____ City: _____ Zip Code_____
Email:_____
Race/Ethnicity: ☐ Asian ☐ American Indian/Alaska Native ☐ Black/African American ☐ Native Hawaiian ☐ Other Pacific ☐ Caucasian/White ☐ More Than One Race ☐ Hispanic/Latino ☐ Not Hispanic/Latino

When did your child last visit the dentist? ☐ In the past 6 months ☐ In the past year ☐ More than a year ☐ Never

What is the name of the dentist you go to:_____

☐ Does your child qualify for free/reduced lunch program at school? ☐ Yes ☐ No
☐ KanCare # 001_____ ,☐ No Insurance
☐ Private Dental Insurance Carrier _____ Policy#_____Group # _____
Policy Holder Name_____Policy Holder DOB _____Policy Holder SSN #XXX-XX-_____

List any known allergies:

_____
_____
_____

Medical Conditions (check all that apply)

☐ Artificial Heart Valve ☐ Heart Murmur ☐ Congenital Heart Disorder ☐ Autism
☐ Heart Trouble/Disease ☐ Artificial Joint ☐ Hepatitis ☐ ADHD
☐ Asthma ☐ Diabetes ☐ Seizure Disorder

Other Medical conditions or special health care needs: _____

Please list all current medications: _____

Does your child require by a physician to take a pre-medication (antibiotics) prior to dental treatment?☐ No ☐ Yes
If yes, for what condition? _____

I am the parent or legal guardian/custodian and give my consent for above named child to receive any dental treatment considered necessary by the hygienist for the prevention of dental disease. This includes cleanings, fluoride varnish application, and dental sealants.

GraceMed will treat all patient's information as protected health information under HIPAA regulations, exchanging the PHI only with personnel employed by them and the facility/school that are responsible for medical treatment and/or record review. Information from my child's participation in this special event will be utilized anonymously for statistical purposes

The above information is true to the best of my knowledge.

Parent/Guardian Signature_____ **Date** _____