



**BRISTOL-BURLINGTON HEALTH DISTRICT**

**240 Stafford Avenue, Bristol, CT 06010**

**Tel. 860-584-7682 • Fax. 860-584-3814 • [www.bbhd.org](http://www.bbhd.org)**

**SCHOOL DENTAL HEALTH PROGRAM K -8**

**Permission Form/School Year 2017 - 2018**

Dear Parent(s)/ Legal Guardian(s):

As part of School Health Services, the Bristol-Burlington Health District (BBHD) offers a **free** Dental Health Program. With your consent to enroll your child in this program, he/she will receive a dental examination by our School Registered Dental Hygienist (RDH). In addition, the School Registered Dental Hygienist will provide a dental cleaning as needed. We encourage you to enroll your child in this program even if they have a regular dentist. Research shows that young children can benefit greatly from oral care provided throughout the year.

It is **essential** that we have up-to-date information on your child so we can provide the best oral care possible and are able to contact you in the event of a dental health emergency. Parents of children participating in the BBHD Dental Health Program **MUST** complete this permission form each school year.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Address: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Parent(s)/Guardian (s) Phone Numbers: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Does your child have a Dentist? Yes\_\_ No\_\_

Child's Dentist's Name: \_\_\_\_\_ Last Visit to Child's Dentist\_\_\_\_/\_\_\_\_/\_\_\_\_

What kind of dental insurance does your child have? \_\_\_\_\_ Husky\_\_\_\_\_ None\_\_\_\_\_

Current **Health** Problems (i.e., heart murmur, surgery, allergies, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

*(Continue on back if more space needed)*

Current **Dental** Problems (i.e., braces, extractions, surgery, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

***Please check one of the following:***

**I DO** \_\_\_\_\_ **I DO NOT** \_\_\_\_\_ **give my** consent for my child to receive a dental cleaning and/or examination of teeth by the School Registered Dental Hygienist.

\_\_\_\_\_  
**Parent/Legal Guardian Signature** **Date**

**Should you have any questions, please contact your School Registered Dental Hygienist.**

**\*\*\*Please RETURN this form to the School Health Room. Thank You.**