



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, CT 06010

Tel. 860-584-7682 • Fax. 860-584-3814 • www.bbhd.org

SCHOOL DENTAL HEALTH PROGRAM K -8
Permission Form/School Year 2018 - 2019

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____/____/____

Circle the type of dental insurance your child has? **Private / 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 circle 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.**