



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue, Bristol, Connecticut 06010-4617 Tel. (860) 584-7682 • Fax (860) 584-3814 • <u>www.bbhd.org</u>



SCHOOL DENTAL HEALTH PROGRAM K - 8th grade

Permission Form/School Year 2020 - 2021

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

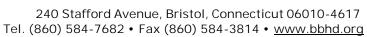
As part of School Health Services, the Bristol-Burlington Health District (BBHD) offers a Dental Health Program. A child enrolled in this program will be offered a cavity risk assessment, fluoride treatment and dental cleanings as deemed necessary by the School Registered Dental Hygienist (RDH). Research shows that young children can benefit greatly from dental care provided throughout the year. Therefore, we strongly encourage you to enroll your child in this program. **There is no charge to the family for this service.**

Student's Name:	_ Date of Birth://
Child's Grade: Teacher:	
Student's Address:	
Parent(s)/Guardian(s) Name(s):	
Parent(s)/Guardian(s) Phone Numbers:	
What type of dental insurance does your child have?	None
If HUSKY: Provide Student's HUSKY Client or ID#:	
Student's Dental & Health History	
Does your child have a Dentist?YesNo	
Child's Dentist's Name & Phone #:	
Child's Last Visit to Dentist/ What procedure	es were performed on your child?
Teeth cleaningX-RaysFluoride treatmentFil	llingsOther:
Does your child take any medications?YesNoNoNo	es, please them list below:





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Does your child	have any	allergies to 1	medication, latex or other?Yes	_No
If yes, please lis	st:			
Does your child	have a dis	sability and/	or impairment?YesNo If yes, p	lease describe below:
Does your child	have or e	ver had any	of the following?	
Asthma	Yes	No	Stomach, Liver or Kidney Problems	YesNo
Cancer	Yes	No	Blood Disorder	YesNo
Hepatitis	Yes	No	Convulsions/Epilepsy	YesNo
HIV/AIDS	Yes	No	Rheumatic Fever	YesNo
Diabetes	Yes	No	Congenital Heart Defect	YesNo
Tuberculosis	Yes	No	Heart Murmur	YesNo
I DO or dental health se	rII	DO NOT gi	question and Sign Below ve consent for my child to be treated in schary by the school Registered Dental Hygien ment, fluoride treatments.	
assure your chi	ered Denta ild's health	l Hygienist, and educat	and exchange and release of information be school staff and your child's health care proion needs are met in school.	ovider to
Parent/Legal C	ruardian I	vame	Signature	Date

^{**}Should you have any questions, please contact the School's Registered Dental Hygienist.

Upon completion of this form, please return it to the School's Health Room.**