



BRISTOL-BURLINGTON HEALTH DISTRICT
 240 Stafford Avenue, Bristol, Connecticut 06010-4617
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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? ___Yes ___No

Child's Dentist's Name & Phone #: _____

Child's Last Visit to Dentist ____/____/____ What procedures were performed on your child?

___Teeth cleaning ___X-Rays ___Fluoride treatment ___Fillings ___Other: _____

Does your child take any medications? ___Yes ___No If yes, please them list below:

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