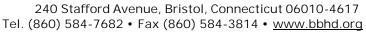




BRISTOL-BURLINGTON HEALTH DISTRICT





SCHOOL DENTAL HEALTH PROGRAM K - 8th grade

Permission Form/School Year 2021 - 2022

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	res were performed o	on your child?
Teeth cleaningX-RaysFluoride treatmentF	illingsOther:_	
Does your child take any medications?YesNoNoNo	res, please them list	below:





BRISTOL-BURLINGTON HEALTH DISTRICT



No

_Yes

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

Does your child have any allergies to medication, latex or other?

TC 1 1'	,	G	<u>—</u>	
-			or impairment?YesNo If yes, p	lease describe belo
Does your child	l have or ev	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 so	rII	OO NOT gi	question and Sign Below ve consent for my child to be treated in schary by the school Registered Dental Hygienment, fluoride treatments.	
assure your chi	ered Denta ild's health	l Hygienist, and educat	and exchange and release of information beschool staff and your child's health care prion needs are met in school.	ovider to
Parent/Legal (Guardian I	lame	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.**