



<b>School:</b> <b>Dates of visit:</b>
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**Dream Team Dental in Partnership with the Free Clinic of SW Washington  
Preventive Dental Care Program Consent Form:**



**Return to School by: \_\_\_\_\_ Teacher & Grade: \_\_\_\_\_**

**Please Print:**

**Child's First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Legal Last Name:** \_\_\_\_\_

**Gender:** F  M

**Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_

**Parent/Guardian's Full Name- Please Print:** \_\_\_\_\_

*If your child has seen a dentist within the last 6 months or has a future appointment scheduled they do NOT need to participate in this clinic.*



**NO**, I do not want my child to participate in the program. *Please return this form even if you do not want your child to participate. There is a prize for the classroom that returns the most forms.*



I do not have a dentist and would like a list of dentists in Clark County.



**YES**, I want my child to participate in the preventive dental clinic.  
**Please mark the appropriate box below:**

My child is a DSHS Medicaid client. (Please provide the Provider One card number or a copy of the card \_\_\_\_\_.) Medicaid clients are eligible for a free visual exam, fluoride varnish, sealants if needed and oral hygiene instruction. Please let us know if there are services you do NOT want your child to receive AND if your child has seen a dentist within the last 6 months. \_\_\_\_\_

My child is low income without insurance. Services available are a free visual exam, fluoride varnish, sealants if needed and oral hygiene instruction. Please let us know if there are services you do NOT want your child to receive. \_\_\_\_\_



**Yes** or  **No: Does Your Child Have Any Medical Conditions?**

**If YES, please mark any of the following that apply:**

- Heart Murmur that requires pre-medication
- Diabetes
- Asthma
- Hepatitis
- Rheumatic Fever
- Blood Disorder/Disease
- Epilepsy
- Allergies:  Latex  Other explain \_\_\_\_\_
- Is your child taking any medications? If so, please list \_\_\_\_\_
- Does your child have any special needs? \_\_\_\_\_

**This screening is NOT intended to take the place of a complete dental examination, which your child should have on a regular basis from his or her dentist.**

**I have read the information on the back of this form. I agree to allow my child to be seen by Dream Team Dental or The Free Clinic of SW Washington. We can not see your child unless the medical history portion is marked "Yes" or "No".**



**Parent/Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_



(360) 619-8279  
Dreamteamdental.jm@hotmail.com  
www.dreamteamdental.com



(360) 313-1387  
www.freeclinics.org

Dear Parents,

Dream Team Dental and the Free Clinic of SW Washington are teaming up to offer access to free preventative dental services. We work together to bring a compassionate and positive dental experience to children who are DSHS Medicaid clients or who are low income and do not have dental insurance.

If your child has seen a dentist within the last 6 months or has a future appointment scheduled they do NOT need to participate in this clinic.

Children with preventable and untreated health problems may have trouble concentrating and learning. Dental health can affect overall health and can lead to problems in eating, speaking, and paying attention in the class room. Preventive dental care can go a long way in helping children succeed in school.

We provide the following services:

The visual dental screening is a non-invasive look into the student's mouth to check for signs of decay and disease.

Fluoride varnish is a sticky coating that is applied to the student's teeth. It is too sticky to swallow and the student is able to eat and drink within 30 minutes afterwards. Fluoride makes the teeth more resistant to decay, it repairs tiny areas of decay before they become big cavities and it makes germs in the mouth less able to cause decay.

Sealants are thin, plastic like coatings painted on the chewing surfaces of the teeth and can last up to 10 years. They keep cavity-causing germs and food from entering into the small "pits" and "fissures" in back teeth. As long as they are intact they are 100% effective in reducing tooth decay.

Oral hygiene instruction with proper brushing and flossing techniques and information on the importance of good dental care.

A free toothbrush and goodie bag are given to each child.

At the end of the visit a note goes home to the parents or guardian outlining what was done for the child and what further care might be advisable.

Our school program does NOT take the place of a regular visit to a dentist. We are happy to offer referrals to local dentists that take Medicaid clients and also to the Free Clinic of SW Washington's restorative clinics.

Questions?? Please give Dream Team Dental a call at 360-619-8279 or email dreamteamdental.jm@hotmail.com or visit dreamteamdental.com. The free clinic of SW Washington can be reached at (360)313-1387.

Dream Team Dental and the Free Clinic of SW Washington are not sponsored by the Evergreen, Woodland or Vancouver School Districts.

Please turn page over for Consent Form