

Dental Health Preventive Services Medical History/Consent Form

Student: _____ Date: _____

School: _____ Teacher: _____ Grade: _____

At your child's dental screening, we found your child would benefit from the preventive dental services checked off below. Please note these preventive services are not meant to replace regular visits to the dentist office.

Teeth Cleaning

Teeth will be professionally cleaned to remove plaque, tartar, and stains to help prevent gum disease and cavities.

Dental Sealants

A thin plastic coating will be applied to the biting surface of adult molar(s) to prevent cavities.

Fluoride Treatment

A fluoride varnish will be applied to teeth using a small brush. This helps protect teeth from cavities and makes them stronger.

Interim Stabilization Therapy (IST)

Treatment to temporarily stop decay until a permanent filling can be applied.

A dental health professional from the Northwestern Health Unit will be providing this service. No needles or drills will be used.


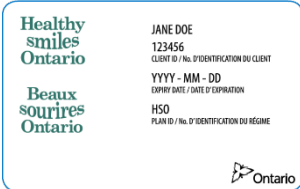
If you have any questions about the form or the program, please contact us at 1-855-407-6453 or dentalhealth@nwhu.on.ca.

Do not use email for urgent or emergency situations. Sending personal information through the internet may not be secure. Please do not include any specific personal health information in your email. Call your local health unit office or call us at 1-855-407-6453 instead. When we receive your email, we will handle it according to our privacy policies. For more information, see the privacy section on our website at www.nwhu.on.ca.

Please complete and sign the back of this form.
Please return all forms to the school as soon as possible.

Health History and Consent

Child's Name:	Date of Birth:
Mailing Address:	Parent/Guardian Name:
	Home Phone #:
	Work Phone #:
	Cell Phone #:

	<p>Do you have a Status Card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Status Number: _____</p>		<p>Do you have an HSO Card? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>HSO Number: _____</p>
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Doctor's Name: _____	Phone: _____
Dentist's Name _____	Phone: _____
<p>Does your child have any of the following conditions?</p> <p> <input type="checkbox"/> Blood pressure <input type="checkbox"/> Thyroid <input type="checkbox"/> Diabetes <input type="checkbox"/> Sinusitis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Blood disorder <input type="checkbox"/> Liver <input type="checkbox"/> Joint problems <input type="checkbox"/> Kidney <input type="checkbox"/> Other: _____ </p> <p>Comments: _____</p>	

Please check <input checked="" type="checkbox"/> Yes or No on every question	YES	NO	If YES, please explain:
Does your child have an allergy to pine nuts, postage stamp glue or bandage adhesive (colophony/rosin)?			
Does your child have any other allergies?			
Does your child have breathing problems/asthma?			
Has your child ever had rheumatic fever?			
Does your child have heart trouble/heart murmur?			
Is your child taking <u>any</u> medication?			
Does your child need antibiotics before dental treatment?			
Has your child ever had a reaction to dental treatment?			
Is your child under medical care?			

<p><input type="checkbox"/> YES, I give consent to treatment. (Please ensure form is complete.)</p> <p><input type="checkbox"/> NO, I do not give consent to treatment.</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">Parent/Guardian Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>
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By signing this form, I confirm I am the parent/legal guardian of the above named child, and have legal authority to grant this consent. This consent is uncontested by any other legal guardian entitled to provide his or her own consent.