



SCHOOL PREVENTIVE SERVICES PROGRAM – CONSENT FORM

First Care Clinic will be doing the all-school free dental inspection, much like the vision and hearing screenings. In addition to the free dental screening, we are offering a fluoride varnish treatment. Fluoride Varnish is 5% Sodium Fluoride resin that is brushed on the teeth to help make the enamel stronger and more resistant to dental decay.

If you would like your child to receive the fluoride varnish treatment, please complete this form.

Student Name: _____

Date of Birth: _____ Age: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

Grade in School: _____ Gender: Male Female

Please check the following that apply to your child. (At least one box needs checked)

- Eligible for free/reduced lunch
- KanCare/Medicaid Insurance: ID #: _____
- No Insurance
- Private Dental Insurance (we do not file a claim)
- Medical Insurance (please list we do not file a claim): _____

First Care Clinic will collect payment from KanCare/Medicaid. However, if the services are not covered or your child does not have Kancare/Medicaid; you **WILL NOT** be responsible to pay for any portion of the services

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White
- Other/Unknown

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Other/Unknown

Last Dental Visit: Never More than a year Within the past year Dentist seen: _____

The information from my child’s participation in this event will be utilized anonymously for statistical purposes, and information that identifies my child or family will never be disclosed in any form of publication. First Care Clinic will treat all patient information as protected health information (PHI) under HIPAA regulations, exchanging the PHI Only with personnel employed by First Care Clinic, facility/school officials who are responsible for medical/dental treatment and/or record review, and his/her dental/medical providers. FCC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, age, color, gender, gender identity, sexual orientation, religion, national origin, language spoken, disability, or the existence of Advance Directive.

Parent’s Signature: _____

Date: _____