

**FORM FOR GRADES 3-8**

For more information, call 434-2327  
www.ChildrensDentalNetwork.org



Working Together for Healthier Kids



Dear Parent/Guardian of a student gr. 3-8,  
Children’s Dental Network, funded since 1993 by the Alexander Eastman Foundation, offers in-school dental services again in 2018-19.

**If your student visits a dentist routinely, do not respond.**

**IF your student is not able to receive preventive dental treatments and you would like him/her to be treated at school, complete, sign the reverse, and **return this form promptly** to school OR mail to CDN business office: Children’s Dental Network, 28 S Main St, Derry, NH 03038**

**Children’s Dental Network provides cleanings, topical fluoride varnish, decay-stopping fluoride treatment, dental sealants, and temporary fillings.** There is no drilling. Sealants are coatings that help prevent cavities on the chewing surfaces of teeth. Temporary fillings are coatings that slow decay while treatment in a dental office is being arranged. Decay-stopping fluoride treatments, for back teeth only, help stop a cavity from getting bigger and make it feel better. (also called SDF- silver diamine fluoride) You can tell it worked if the cavity becomes hard and black over time. This permission form is for both fall and spring visits.

Student’s Name \_\_\_\_\_ School \_\_\_\_\_

M\_\_ F\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Day phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best way to reach you? \_\_\_\_\_

Does your child have a dentist? \_\_\_\_\_ Last visit to dentist \_\_\_\_\_ What was done? \_\_\_\_\_ Next visit? \_\_\_\_\_

Anything else you want us to know? \_\_\_\_\_

1. **Does your child have a congenital heart defect requiring pre-medication with antibiotics before dental treatment?**  Yes  No
2. **Does your child have any allergies?**  Yes  No If yes, explain \_\_\_\_\_
3. **Has your child ever had any serious health problems?**  Yes  No Explain: \_\_\_\_\_
4. **Why is student unable to receive dental treatment in a dental office? Please check all that apply.**  
 Can’t find a dentist who accepts student’s insurance     Cost     Transportation     Fear  
 Can’t afford our insurance co-pays     Can’t take time off from work     Other \_\_\_\_\_
5. **Does your student have medical insurance?**  Yes  No  
**Does your student have Dental insurance?**  Yes  No If yes, which kind of dental ins.?  
 Private insurance  
 Medicaid – If yes, **clearly write name and Medicaid ID number as they appear on the card:**

Child’s Name \_\_\_\_\_ Medicaid number

**Turn over – signature required**

If your child has Medicaid, there is no charge for treatment and CDN will bill Medicaid. Please use the table below to determine your suggested contribution if your child is not covered by Medicaid. **Please make checks payable to: GDOHCC. No child will be denied service if unable to afford fees.**

A check is enclosed for \$ \_\_\_\_\_. Thank you!

Children’s Dental Network is operated by Greater Derry Oral Health Collaborative Corporation (GDOHCC), a 501 (c)(3) non-profit organization independent of the schools in which its programs are delivered.

	Monthly income equal to or less than	Cost		Monthly income between	Cost		Monthly income equal to or greater than	Cost
2	\$2,743	Free		\$2,744 - 4,114	\$10		\$4,115	\$20
3	\$3,463	Free		\$3,464 - 5,194	\$10		\$5,195	\$20
4	\$4,183	Free		\$4,184 - 6,274	\$10		\$6,275	\$20
5	\$4,903	Free		\$4,904 - 7,354	\$10		\$7,355	\$20

Read the Notice of Privacy Practices

## ★ Read and sign this informed consent.

- I hereby give permission for the Children’s Dental Network to treat my child, twice this school year, with a screening, cleaning, topical fluoride varnish, dental sealants, decay-stopping fluoride treatment and temporary fillings as needed. \* Not all types of cavities can be treated at school.
- **I understand that the services provided at school cannot replace regular examination and treatment in a dental office.** I understand that a registered dental hygienist (or senior dental hygiene student from NHTI or senior dental student from UNE, under direct supervision by Children’s Dental Network) will provide the services.
- **I understand that a photograph** may be taken of my student’s tooth or teeth if my student cannot be identified from picture.
- **I have read the Notice of Privacy Practices and I further understand** that Children’s Dental Network may share my child’s dental assessment for treatment and payment activities with the school nurse, the supervising dentist, and in the event of a referral for treatment, with dental offices.
- I understand that any diagnoses made by dentists who provide this service at school are done on a voluntary basis. No professional fees are charged and no professional reimbursement is received by any volunteer who participates in the school dental program as a service to community children. I understand that all volunteers are protected with limited liability under NH RSA 508:17.



\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date