Consent for Service

Schools please note: This form is for SAMPLE USE ONLY and requires individual administrative and legal review by school personnel to ensure compliance with all applicable laws, regulations, school policies, and local requirements. IDOH will provide a modifiable version of this form upon receipt of an email confirming school review and approval from a school attorney or administrative leader .

Dear Parent, or Guardian:

Your child's class will be taking part in a basic oral health screening. The purpose of the screening is to check your child's teeth for visible signs of tooth decay. Your child will receive a take-home letter to inform you of any concerns. This screening does not take the place of regular dental checkups.

Child's Name: _____

_____ Yes, I give permission for my child to have a basic oral health screening.

_____ No, I do not give permission for my child to have a basic oral health screening.

Signature of Parent or Guardian: _____ Date: _____

Home Phone Number: _____ Work Phone Number: _____

If you have any questions or would like additional information on where to find a dentist near your home, please contact the Indiana Department of Health at OralHealth@health.in.gov.

I have read and understand this consent form. I understand that by signing this form I am consenting for the child named above to receive a children's basic oral health screening. I understand this screening is a basic visual evaluation and does not include the use of X-rays or having objects placed in my child's mouth. This basic screening does not take the place of a comprehensive dental examination provided by a dentist. I understand and agree that the Indiana Department of Health is not responsible for any negative consequences associated with the screening results or failure to obtain further dental evaluation if it is recommended.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS FORM.

Signature of Parent/Legal Guardian: _____ Date: _____