



Dental Services Permission Form

Participa!, Inc. Dental Services



With a signed parental consent form, Medicaid and private insurances will be billed for payment. If neither are available, the child may be eligible for free services (determined by availability of grant funding).

Child Name: _____ DOB: _____ Dentist Name: _____

Date of Last Exam: _____ School Name: _____ Teacher: _____

Consent for dental services:

Do you want your child to have an exam?.....Yes ___ No ___

Do you want your child to have their teeth cleaned?.....Yes ___ No ___

May we apply sealants on your child's teeth to help prevent decay?.....Yes ___ No ___

May we apply fluoride treatment after cleaning to help prevent cavities?..... Yes ___ No ___

After the appointment, would you like information about your child's dental health?.....Yes ___ No ___

email: _____

phone: _____

Parent Signature _____ Date: _____

Print Name: _____ Contact number _____

My Child Has:

___ Medicaid

Medicaid number _____

___ Private insurance

Name of insurance _____ Group/Policy number _____

___ No private insurance or No Medicaid insurance

Turn over for Medical History

Medical History

My Child is healthy and has no current medical conditions

My child has:

Diabetes

Food Allergy

Cancer

Seizures

Stomach problems

Hepatitis

Heart disease

Developmentally delayed

Congenital disorder

Autism

Sensory Delays

Cerebral Palsy

ADHD

Asthma

Tooth pain

My child is currently under the care of a physician due to a specific condition.

Please explain _____

physician location/contact _____

Consent: I have read or it was read to me, and I understand the information on this form. All my questions were answered to my satisfaction. I hereby give my free and informed consent for the dental professionals of Participa!Inc. Dental Services to perform dental services for my child.

I UNDERSTAND THIS CONSENT FORM IS IN EFFECT FOR TWO YEARS.

Participa!, Inc. Dental Services is a non-profit company that employs licensed professionals. We are committed to maintaining the confidentiality of your child's personal and health information. Please view our confidentiality policy online at www.participadentalservices.com. We are not part of your child's school system. The school system is not responsible for the services Participa!Inc. Dental Services provides.

Questions?

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