



JUST KIDS DENTAL

2021-2022 Minnesota School-Based Dental Program Consent

Did you know an oral health program is available at your child's school?

- Just Kids Dental (JKD) has partnered with your school district at no charge to provide oral health education and preventive dental services to underserved children at school.
- JKD has a team of dedicated Registered Dental Hygienists who provide compassionate care on-site at school utilizing portable dental equipment.

Who do we serve?

- Children enrolled in insurance through the state.
- Children without dental insurance who qualify for free/reduced lunch.

What preventive dental services are provided by a Registered Dental Hygienist?

- Oral Hygiene Instruction
- Oral Health Screening
- Dental Cleaning
- Fluoride Varnish
- Sealants
- Oral Health Kit includes toothbrush, toothpaste, and floss

A parental consent form MUST be completed in INK and returned to school immediately before your child may receive services. Complete a SEPARATE form for EACH eligible child.



**IF YOU HAVE PRIVATE DENTAL INSURANCE
PLEASE DO NOT RETURN FORM AND STOP HERE**



School Name: _____ Child's Teacher: _____

Child's LAST Name: _____ MIDDLE Initial: _____ FIRST Name: _____

Male: _____ Female: _____ Grade: _____ Child's Date of Birth: _____ Age: _____

Address: _____
Street City State Zip Code

Daytime Phone: _____ Emergency/Alternate Phone: _____

Ethnicity (select one): Hispanic Non-Hispanic Other

Race (select all that apply): White AA/Black Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander

HEALTH HISTORY CIRCLE YES OR NO ALL QUESTIONS MUST BE ANSWERED FOR YOUR CHILD TO RECEIVE SERVICES

- YES / NO Does your child have any allergies? List:** _____
- YES / NO Does your child take any medications? List:** _____
- YES / NO Has your child had any heart conditions? List:** _____
- YES / NO Does your child have any diseases or special health care needs? List:** _____
- YES / NO Does your child have private dental insurance through a parent's employer?**
- YES / NO Has your child EVER seen a dentist?**
- YES / NO Has your child had a dental cleaning in the last 6 months? If yes, Name of Dentist and date of visit:** _____
- YES / NO Is your household eligible for • Free/Reduced Lunch • Energy Assistance • Daycare Assistance?**
- YES / NO Does your child have insurance through the state? List 8 Digit ID #:** _____

- I understand the nature of the treatment provided and authorize a Registered Dental Hygienist to provide preventive dental treatment advisable by the RDH.
- I authorize Just Kids Dental to discuss health and medical-related information with my child's current and/or previous dental offices.
- I acknowledge I am able to exercise my rights under HIPAA and privacy rules of the Health Insurance Portability and Accountability Act of 1996 while being able to request additional information at any time by contacting Just Kids Dental at 218.206.4327, P.O. Box 146, Two Harbors, MN 55616.
- I understand permission is effective for a period of twelve months to provide follow-up services, including multiple fluoride varnish applications.
- I understand this program bills Medical Assistance insurance for eligible children. The treatment your child receives is not meant to be an alternative to regular dental care. Just Kids Dental strongly recommends that you seek out a dental home (family dentist) for routine dental care including any treatment which may be advised.
- I consent to allow pictures of my child to be taken and possibly used in newspapers, web or for promotional use of Just Kids Dental (child's name will never be used).
- Please print NO if you do not consent to photo portion of form: _____.

By signing below, as parent/legal guardian of above named child, I consent for my child to participate. I understand that if I fail to sign this dental consent form, my child will not receive any services through Just Kids Dental.

Print Name of Parent/Guardian Signature Relationship to Child Today's Date

