



2821 Island Ave. 215-492-9291

5828 B Market St. 215-747-6901

Dental Screening Consent

Attention Parents/Guardians: Kids Smiles Dental Health Center will be visiting **Upper Darby School District**. A Dental Hygienist will look into your child's mouth and record observations. You will receive a report with results, recommendations, and **a free toothbrush!** Please follow the recommendations – this is **ONLY** a screening, not treatment. We must have your permission to allow the dental screening. Please **fill in** and **sign** the form below. Return it to school as soon as possible.

Name of School: _____

Print Child's first & last name: _____

Child's Age: _____ Grade: _____ Classroom #: _____

Parent/Guardian Signature: _____ Date: _____

*Parent/Guardian **Telephone #**: _____ Email address: _____

Does your child go to Kids Smiles: Yes _____ No _____

Has your child been to a dentist in the last 6 months? Yes _____ No _____

OFFICE USE ONLY – DO NOT FILL BELOW THIS LINE:

_____ Brush twice a day and floss every night for a healthy mouth

_____ No Visible Decay (cavity)

_____ A 6 month dental exam and cleaning

_____ A dental appointment due to possible decay (cavity) #D _____ #P _____

_____ A dental appointment **ASAP** for **URGENT** dental care

_____ Other concerns:

Public Health Dental Hygiene Practitioner: Marianne Hause

Clinical Director: Dr. Ruth Fremont, DDS