



Your child's school is offering preventative oral health care services. Dental Screenings and Extended Care Services are being held at schools during the 2024-25 school year. You will receive a notification in the future when a date has been set.

School screening and extended care services DO NOT take the place of a dental exam or include x-rays. Please continue to see your dentist regularly.

Screenings

All students in Wichita Public Schools will receive a dental screening unless they have given a completed dental card to the school nurse stating that they have received a recent dental exam. If your child already receives routine care every six months, please notify the school nurse and *continue to see your dentist for regular cleanings and check-ups!*

If your child is referred to a dentist for an exam, please call your school nurse if you need help with making a dental appointment.

Extended Care Services

Extended Care Permit hygienists will be coming to provide dental cleanings, fluoride varnish, and sealants. *No x-rays, exam, or restorative services such as fillings or tooth removal will be provided.*

If you would like to sign your child up for Extended Care Services (cleaning, fluoride varnish, and sealants*) please fill out the **back side** of this form and return it to the school nurse as soon as possible. * *Sealants are thin plastic-like coatings placed in the pits and grooves of permanent molars to reduce risk of getting a cavity. A properly sealed tooth is up to 50 percent less likely to develop a cavity in the future.*

If dental services are provided for your child in the school, you will receive a report stating what services your child received. On occasion, a Wichita State University senior dental hygiene student may accompany and assist us at a dental event.

Please Turn Over →

School Based Dental Health Collaborative

Consent for In-School Dental Care

Preventive services: The School Based Dental Health Collaborative is providing in-school dental care including cleanings, sealants, and fluoride varnish. All children are invited to participate in the program, but the program has a special focus on those children not receiving services in a dental office. **No child will be denied services based on insurance status or ability to pay. However, insurance (if available) will be billed.**

****If your child already sees a dentist regularly, please do not complete this form****

School Name: _____

Student Name: _____ Gender: Male Female

Date of Birth: _____ Grade: _____ Age: _____ Teacher: _____

Parent Name: _____ Phone #: _____

Address: _____ City _____ Zip Code _____

Email: _____

Race/Ethnicity: Asian American Indian/Alaska Native Black/African American Native Hawaiian Other
 Caucasian/White More Than One Race Hispanic/Latino Not Hispanic/Latino

When did your child last visit the dentist? In the past six months In the past year More than a year Never

What is the name of the dentist you go to? _____

<input type="checkbox"/> Does your child qualify for free/reduced lunch program at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> KanCare # 001 _____ <input type="checkbox"/> No Insurance
<input type="checkbox"/> Private Dental Insurance Carrier _____ Policy # _____ Group # _____
Policy Holder Name _____ Policy Holder DOB _____ Policy Holder SSN or ID # _____

List any known allergies:

Medical Conditions (check all that apply)

- Artificial Heart Valve Heart Murmur Congenital Heart Disorder Autism
 Heart Trouble/Disease Artificial Joint Hepatitis ADHD
 Asthma Diabetes Seizure Disorder

Other medical conditions or special health care needs: _____

Please list all current medications: _____

Is your child required by a physician to take a pre-medication (antibiotic) prior to dental treatment? No Yes

If yes, for what condition; and what medication does your child take and how much?

I am the parent or legal guardian/custodian and give my consent for above named child to receive any dental treatment considered necessary by the hygienist for the prevention of dental disease. This includes cleanings, fluoride varnish application, and dental sealants.

HealthCore, GraceMed, and/or Hunter Health will treat all patients' information as protected health information under HIPAA regulations, exchanging the PHI only with personnel employed by them and the facility/school that are responsible for medical treatment and/or record review. Information from my child's participation in this special event will be utilized anonymously for statistical purposes.

The above information is true to the best of my knowledge.

Parent/Guardian Signature _____ **Date** _____