



**Health Partners of Western Ohio
Dental/Vision Outreach Consent Form
PLEASE SIGN AND RETURN TO SCHOOL**



Our Outreach Team will be coming to your school and offering vision and dental services. Regular dental and vision check-ups are an important part of overall health. We will bill Medicaid and Private Insurance. The dental visit will be considered a preventive visit through your insurance company. If your child has no health coverage there will be NO charge. Our center can help sign you and your family up for insurance, if eligible. The program is open to all children.

YES, I give my informed consent for my child to participate in the School-Based Outreach Program.

Please check which services you wish for your child to participate in:

Dental Only Vision Only Both Dental and Vision

Please complete the rest of this form, **PRINT & SIGN at the bottom** and return it to school.

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: ____/____/____ Female Male Child's SSN: _____ - _____ - _____

School Name: _____ Grade ____ Rm # ____ Teacher: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ County: _____

Race/Ethnicity (Circle all that apply): White Black/African American Hispanic Asian Pacific Islander/Hawaiian Native American/Alaskan Native Other

Does your child have any serious health problems? Yes No If YES, please explain: _____

Does your child have any allergies? (i.e.: acrylics/plastics/bees/latex, etc.) Yes No Please List: _____

Insurance Information

Medicaid Plans

Circle plan your child has and fill in Billing Information



Member ID # _____

Medicaid # (MMIS) _____

Private Insurance Plans

Name of **Dental** Plan: _____

ID # _____ Group # _____

Insurance Holder Name: _____

Insurance Holder DOB: _____

Insurance Holder SSN: _____

Claim Address: _____ Phone # _____

Employer: _____

Name of **Vision** Plan: _____

ID # _____ Group # _____

Insurance Holder Name: _____

Insurance Holder DOB: _____

Insurance Holder SSN: _____

Claim Address: _____ Phone # _____

Employer: _____

I have read and completed the information on this consent form and my signature below gives consent for treatment and is valid for one calendar year from date of signature. I have read and understand the Notice of Privacy Practices on the back of this form and know that a copy is available from the school office or hpwohio.org. This form, when signed and filled in, contains Protected Health Information and the information is to be protected according to the Health Insurance Portability and Accountability Act. I authorize Health Partners staff to provide dental and vision services at school to the above named child. The dental services include an exam, cleaning, fluoride, sealants, and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color. SEE BACK FOR DETAILS.) The vision services include a full vision exam, dilation drops as necessary, and prescription glasses. I give consent for Health Partners staff to collaborate with school staff especially when additional dental and/or vision treatment is necessary to ensure my student receives follow-up care.

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian Name _____

**To find a medical or dental office near you, please visit our website at
www.hpwohio.org or call 567-825-0226. Like us on Facebook!**



Health Partners of Western Ohio

Health Partners School Based Dental Outreach Program

School-based dental programs provide: A Dental Exam, Cleaning, Fluoride Treatments, Silver Diamine Fluoride and Dental Sealants to children right in their school. Tooth decay is the most prevalent and preventable chronic disease of children. Health Partners sets out to increase children's access to oral health services in schools with our School Based Dental Outreach Program. Parents must register their children for this service. A consent form will be sent home for parents to fill out and return them back to the school to register. Our program is open to all children Pre-K-12th grade. **NO CHILD IS TURNED AWAY.**



Attention Allen East Students!

We will be visiting your Schools in the 2022-2023 school year. Providing dental services! Fill out the dental form and turn it in to your teacher or school nurse to participate!

Dental Exam

Regular dental exams are a critical part of preventative health care. During a dental exam, the dentist will check for cavities and gum disease.

Dental Cleaning

A registered dental hygienist will do a full dental cleaning removing any plaque and calculus.



Preventative Sealants

Everyone has hard- to -reach spots in their mouth and brushing doesn't always fully clean those difficult places. When that happens, you are at risk of tooth decay. A sealant is a thin resin coating that is applied to the chewing surface of teeth to prevent food from getting trapped within deep dental grooves. More than 75% of dental decay begins within these grooves and sealants protect the tooth by sealing deep grooves-creating a smooth surface which can protect teeth from decay for many years.

Fluoride Treatments

Fluoride is an easy and effective way to help prevent tooth decay. This natural mineral has been recognized for over 50 years to strengthen dental enamel and reduce cavities.

Silver Diamine Fluoride SDF

SDF is a medicine that can be placed on decay or watch areas of teeth to slow the progression down of dental caries. This is a medicine that can buy your student time to get to a dentist for further treatment. See the back of the consent form for more information.