

Dental Screening Certification Form

Please return this form to the school office.

This form is for students under the age of 7 and/or entering the school system for the first time.

State law requires a child who is 7 years of age or younger to have a dental screening before entering school for the first time.

HB 2972 (2015)

Student Name _____
(First name) (Middle initial) (Last name)

IF YOUR CHILD HAS ALREADY RECEIVED A DENTAL SCREENING

My student has already had a dental screening. *Please fill out this section, sign, and date it.*

Provider: _____ Date of last dental screening: _____

I do not know if my student has had a dental screening.

Parent/Guardian:

Print Name: ✍ _____

Signature ✍ _____ Date ✍ _____

Please check all that apply for dental screening certification:

- (1) We already submitted a certification form at a previous school.
- (2) The dental screening is contrary to student or family's religious beliefs.
- (3) My student has a dental provider and receives annual exams/screenings. **Be sure to fill out provider and date of screening above.** *Eligible to participate in dental services offered at school (see page 2).
- (4) The dental screening is a burden.
If you checked the box for (4), please check one of the boxes below.

The dental screening is a burden for the student or the parent or guardian of the student when:

- The cost of obtaining the dental screening is too high;
- The student does not have access to a screener or;
- The student was unable to obtain an appointment with a screener

Modified from Form 1468-1

CONSENT FOR DENTAL SERVICES OFFERED AT SCHOOL

Springfield Public Schools partners each year with the Community Health Centers of Lane County to perform a quick, visual dental screening for all students in the district in kindergarten, first and second grades to help comply with HB 2972. Additional dental services may include any or all of the following services: hygiene exams, teeth cleaning, fluoride varnish treatments, sealants and temporary sealants to elementary and middle school students.

Please check all that apply for dental services:

- (A) I give permission for my student to participate in all of the dental services listed above, at school by community partners.

- (B) I give permission for my student to participate in the oral screening; a quick look inside the students mouth for obvious signs of dental issues.

- (C) I give permission for my student to participate in the fluoride varnishing services.

- (D) I give permission for my student to participate in the sealant services.

- (E) **Opting out** – I do not give permission for my student to participate in any of the dental services mentioned in A, B, C or D.
Be sure to fill out provider and date of screening on page 1.

**** For A, C, & D, a separate permission form (sent home by the school in the Fall) must be submitted to, or on file with, the Community Health Centers of Lane County to participate. Contact the health aide at your student’s school for an additional form if needed.****

Parent/Guardian:

Print Name ✍: _____

Signature ✍ _____ Date ✍ _____

