Haysville School District, USD 261
1745 W. Grand · Haysville, KS 67060 · (316) 554-2200 · www.usd261.com

PARENTAL REFUSAL OF DENTALSCREENING

Kansas State Statute 72-6251 requires all students enrolled in Kansas schools to receive a free dental screening each year. Your school will be providing a free dental screening to all students enrolled during this school year.

Oral health is an important part of children's overall health and is a critical component in the child's ability to learn and succeed in school. This screening **does not** replace the exam provided by your dentist.

Passive consent is indicated for a school dental screening; therefore, all students will be screened unless the parent or guardian **does not** want the child to participate.

If you wish to opt out of the screening, please complete and return the form at the bottom of the page within five (5) days of receiving this notice. If this form is not returned, your child **will** be screened. A copy of the screening results will be sent home with the child.

If you have questions, please contact your building nurse by phone or email. Thank you for your participation.

____ I do not wish to have my child participate in the free dental screening.

Student Name _____ Grade _____

Parent Name (Please Print) _____

ADDRESS _____ _____ _____ _____
Street City State Zip Code

Signature _____ Date _____

If you or someone in your family needs assistance, please visit the KanCare self-portal to see if you are eligible and/or to apply for benefits.cssp.kees.ks.gov/apspssp/

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