



Morgan County School District RE-3 and Salud Family Health provide school-based preventive dental care. A registered dental hygienist examines students and collects information (such as x-rays and photos) that is reviewed by a dentist, who creates a treatment plan. A dental hygienist may provide preventive sealants, fluoride varnish, and cleanings. Parents receive screening results and are notified of any follow-up care needed. If extensive treatment is required, your child will need to be seen at a Salud dental clinic or by your family/pediatric dentist.

Every child can receive dental services regardless of dental insurance or ability to pay. Salud will bill Medicaid, CHP+ or Delta Dental if the child has that coverage. **Families will NOT be charged for any service**, including waiving copays, deductibles, and co-insurances.

*** I give my permission and authorize the Salud dental team to provide the following services for my child:** ☐ Yes ☐ No

• Complete Dental Exam • Dental X-rays • Teeth Pictures • Dental Sealants • Fluoride Varnish • Teeth Cleaning

As part of Salud Family Health's Federal Grant requirements, ***we are required to collect all of the following information in order for your child to receive services.** "Guardian" refers to parent or legal guardian. **Please use black or blue ink.**

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

*Child's Date of Birth: _____ *Child's Gender: _____

*Child's School: _____ *Child's Grade: _____ *Child's Teacher: _____

*Child's Dental Insurance: ☐ Medicaid ☐ CHP+ ☐ Delta Dental ☐ Other/None Policy Number, if known: _____

*Has your child seen a dentist in the past year? ☐ Yes - with Dr. _____ ☐ No

*Guardian's Last Name: _____ *Guardian's First Name: _____

*Guardian's Date of Birth: _____ *Guardian's Relationship to Child: ☐ Mother ☐ Father ☐ Other

*Guardian's Phone Number: _____

*Street Address: _____ *City: _____ *State: _____ *Zip Code: _____

*Estimated Pre-tax/Gross Household Income: _____ ☐ Monthly ☐ Annually

*Number of people living at home: _____ *Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

*Race: ☐ American Indian ☐ Asian ☐ Black or African American ☐ Native Hawaiian ☐ White ☐ Other: _____

*Primary Language: ☐ English ☐ Spanish ☐ Other: _____

*In the past two years, have you or anyone in your family had a job working with or transporting plants, trees, or farm animals? ☐ Yes ☐ No **If yes**, have you had to establish a temporary home to do that work? ☐ Yes ☐ No

*Has anyone in your family retired from working with transporting plants, trees, or farm animals? ☐ Yes ☐ No

*Is your family currently experiencing homelessness? ☐ Yes ☐ No *Does your family live in public housing? ☐ Yes ☐ No

A copy of Salud's Notice of Privacy Practices can be found at saludclinic.org. This document explains how protected health information will be shared or kept confidential. I certify that I have read (or had read to me) the contents of this form and that I have access to Salud's Notice of Privacy Practices. I understand that if I need further information or if I have any questions that I can contact Salud Family Health at saludschools@saludclinic.org or 303-697-2583. I understand that my child's screening results may be shared with their school's health assistant. I consent that the school may share the above basic demographic information with Salud. I believe that I have been given sufficient information to give my consent.

*Parent/Guardian Signature: _____ *Date: _____