

PARENT CONSENT FORM

DENTAL SCREENING, CLEANING, SEALANTS AND FLUORIDE

Website: www.upsuperiorsmiles.com Address: 4234 I - 75 Business Spur #218 SSM: (906) 630.6197

Urgent Care Line (231) 437-4751

Tooth decay is one of the most common diseases found in children. Fluoride varnish can be painted on Teeth to protect teeth from cavities. Fluoride varnish can be applied up to 4 times per year.

School				
Teacher Name	Child Legal Name			
Phone No.	Address			
Date of Birth	Age			
Parent Email				
Circle Yes or No Below				
Yes No	I give my permission for my child to receive oral screening, cleaning, fluoride varnish, and sealants			
Parent Name	Date			
Signed Parent Name				
This consent will be valid for 12 months, including 2 dental hygiene visits				
Circle Yes or No Belo	ow .			
☐Yes ☐No	Any allergies	☐Yes ☐No	Current medications	
if so, what?		if so, what?		
Yes No	Medical conditions such as: heart disease, asthma, hay fever, hepatitis, cancer, diabetes, or any other conditions	☐Yes ☐No	Does your child have anyemotional or learning concerns*	
if so, what?		if so, what?		

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No payment is required for you for this program. However, Medicaid/Healthy Kids Dental/ MI Child and other dental insurance carriers will be billed help to cover the cost of this program. Please fill out insurance information.

Insurance Information	on			
Medicaid ID	Name of Insurance			
Insured Name	Date of Birth			
Group @	Policy or ID @			
Insured SSL				
Employer	Employer Phone No.			
Covid Safety Standards followed				
U.P. Superior Smiles follows CDC (Center for Disease Control), ADA, and ADHA recommendations and guidelines for proper infection control to prevent† the spread of COVID-19 and all other communicable diseases.				
School	Grade			
Office Use Only				
Date	Prophy			
Varnish	Screen			
Seals	Тетр			
Sealant Retention Check				
Date	All Retained	Yes No		