# Smile Keepers Dental Disease Prevention Program

Consent Form 2026/27

Dear Parents/Guardians,

Your child's class will be participating in the Smile Keepers Dental Disease Prevention Program this school year. Children in this program will:

1. Learn to prevent cavities and gum disease
2. Learn to brush and floss their teeth
3. Have a basic dental screening
4. Receive fluoride varnish application(s) during the school year

There is no fee to participate in this program; **PLEASE SIGN THIS FORM** for your child to participate with the rest of the class. Please have your child return this form immediately.

## 1.Your Child's Information:

Name: _____ Age: _____ Date of Birth:_____

Name of School: _____ Teacher: _____

Parent/Guardian Name: _____ Grade: _____

Relation to Child: _____ Ethnicity/Language: _____

Siblings(Name/Age/Grade): _____ Email: _____

Phone Number: _____

## 2. Dental History, Health History & Health Coverage:

When was your childs last dental visit? 0-6 months ☐ 6-12 months ☐ over a year 1+ ☐

Dental Insurance? (please mark one) None ☐ Medi-Cal ☐ Private Insurance ☐

Do you need help finding a dentist? Yes ☐ No ☐

Does your child have any medical conditions or allergies? Yes ☐ No ☐

If yes, please explain: _____

## 3. Consent for Dental Services:

I give consent for my child to receive dental services by the providers at Smile Keepers Dental Disease Prevention Program. These dental services include limited oral evaluation and protective fluoride treatments. I understand a limited oral evaluation is only a very basic assessment and does not take the place of a full dental exam. I understand I would need to secure the service of a dentist in order for my child to receive a complete dental exam necessary to establish and maintain oral health. As stated in CA ED code section 35330, I agree to hold the TCSOS, it's officers, agents, and employees harmless from any liability claims which may arise out of, or in connection with my child's participation in this activity.

## 4. Consent to Share Information:

Your child's information will be kept confidential. Your child's personal information will not be shared with other agencies or anyone other than your child's school without your written permission.

**Date:** _____

**Parent/Guardian Signature:** _____

***For more information, please contact:***

***Ocean Arellano, RDHAP (209)536-2072 or Jerusha Waelty, RDHAP (209)536-2073***