



## Louisiana Seals Smiles

### Parent Consent Form

<b>Student's Name:</b>		
Last	First	Middle Initial
<b>Student's Date of Birth:</b>	<b>Age (6-14):</b>	<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one race	<b>Zip Code:</b>	
<b>Student's Primary Care Physician:</b> <input type="checkbox"/> Student does not have a Primary Care Physician	<b>Phone:</b>	
<b>Student's Dentist:</b> <input type="checkbox"/> Student does not have a Dentist	<b>Phone:</b>	
Does your child have any known allergies to latex? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>How long has it been since your child last visited a dentist? Include orthodontists, oral surgeons, dental hygienists and all other dental specialists.</b> <input type="checkbox"/> 6 months or less <input type="checkbox"/> More than 6 months, but more than 1 year ago <input type="checkbox"/> More than 1 year ago, but not more than 3 years ago <input type="checkbox"/> More than 3 years ago <input type="checkbox"/> Never has been to the dentist <input type="checkbox"/> Don't know/don't remember		
<b>What was the main reason that your child last visited the dentist?</b> <input type="checkbox"/> Went in on my own for check-up, examination or cleaning <input type="checkbox"/> Was called in by the dentist for check-up, examination or cleaning <input type="checkbox"/> Something was wrong, bothering me or hurting <input type="checkbox"/> Went for treatment of a condition that dentist discovered at earlier check-up or examination <input type="checkbox"/> Other <input type="checkbox"/> Don't know/don't remember		
<b>Confidentiality:</b> Well-Ahead Louisiana adheres to all current laws regarding confidentiality of health services in general and specifically as they relate to services to minors. All medical and mental health records are confidential and will be maintained as directed by the Health Insurance Portability and Accountability Act (HIPAA).		
By signing this consent, you are agreeing to allow the Louisiana Department of Health to provide the following services to your child by a licensed dentist or dental hygienist: screening by a local dentist, dental sealants, fluoride varnish, referral to school nurse, referral to local dentist or safety net clinic.		
I, as parent/guardian, understand the information on this form. I give permission for dental providers or Louisiana Seals Smiles program to perform a basic dental screening of my child's teeth. I also give permission for these same individuals to put dental sealants & fluoride varnish on my child's teeth if they are needed. I also understand that my child's personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of my child.		
<b>Parent/Legal Guardian Printed Name</b>		<b>Relationship to Student</b>
<b>Parent/Legal Guardian Signature</b>		<b>Date</b>
This consent may be withdrawn or modified at any time with written permission of the parent/guardian and student to the entity referred to above. A duplicate copy of this document will be given to parents or guardians upon request.		