

BSS 2017-2018 Consent Form

Please complete this form and return it to your child's teacher.

Child's Name _____ / / _____
Child's Birth Date (mm/dd/yyyy)

Yes, I give permission for my child to have his/her teeth checked.

No, I do not give permission for my child to have his/ her teeth checked.

Signature of Parent or Guardian
Date

If you do not want to answer the questions, you may still give permission for your child to have his or her teeth checked. Please answer the following questions to help us learn more about your access to dental care. Your answers will remain private and will not be shared.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?

- No Yes Don't know/don't remember

2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Check one)

- 6 months or less More than 3 years ago
 More than 6 months, but not more than 1 year ago Never has been to the dentist
 More than 1 year ago, but not more than 3 years ago Don't know/don't remember

3. What was the main reason that your child last visited a dentist? (Check one)

- Went in on own for check-up, examination or cleaning. Went for treatment of a condition that dentist discovered at earlier check-up or examination.
 Was called in by the dentist for check-up, examination or cleaning. Other
 Something was wrong, bothering or hurting. Don't know/don't remember

4. During the past 12 months, was there a time when your child needed dental care but could not get it?

- No (Go to Question 6) Yes (Go to Question 5) Don't know/don't remember (Go to Question 6)

5. The last time your child could not get the dental care he/she needed, what was the *main reason* he/she couldn't get care? (Check one)

- Could not afford it Health of another family member Not a serious enough problem
 No insurance Difficulty in getting appointment Dentist hours are not convenient
 Dentist did not take Medicaid/insurance No way to get there Don't like/trust/believe in dentists
 Speak a different language Didn't know where to go Other reason
 Wait is too long in clinic/office No dentist available Don't know/don't remember

6. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE?

- No Yes Circle one: Medicaid or Private Insurance

7. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE?

- No Yes Circle one: Medicaid or Private Insurance

8. Which of the following best describes your child? (Check all that apply)

- White Black/African American Hispanic/Latino Do not wish to provide
 Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander

Thanks for helping us move Louisiana's health forward!