



Dear Parent or Guardian,

Familia Dental has arranged for dental services for eligible children. These services may include exam, cleaning treatment and sealants. Licensed dentists and assistants will come to your child's school with portable equipment. In order for child to receive these services, **you must provide all the information requested below and sign in the area indicated.**

PLEASE COMPLETE THIS FORM AND RETURN TOMORROW

Your Child's Name: _____ Date of Birth: ____/____/____

Address: _____ City/Zip: _____

Phone Number: (____) _____ - _____ Alt Phone Number: (____) _____ - _____

Gender: Male ____ Female ____

Type of INS:

Is your child enrolled with Medicaid? YES ____ or NO ____ If so, ID number: _____

Is your child covered by private dental insurance? YES ____ or NO ____

If so, provide the information below:

Name of insurance company: _____ Insurance phone number: (____) _____ - _____

Group Number: _____ ID Number: _____ Policy Number: _____

Employer Name: _____ Policy Holder Social Security Number: ____ - ____ - ____

Policy Holder Name: _____ Date of Birth: ____/____/____

____ **I Do NOT have Insurance (\$20 for an exam and cleaning)**

Has your child had any history of, or conditions related to, any of the following:

___ Latex allergy ___ Chronic sinusitis ___ Seizures ___ Asthma ___ Fainting
___ Hearing impairment ___ Bleeding disorder ___ Cancer ___ Anemia ___ Heart condition
___ Diabetes ___ Epilepsy ___ Jaw pain ___ If other, please specify: _____

Is your child taking any prescription and/or over the counter medications at this time? YES ____ or NO ____

If yes, please list: _____

IMPORTANT: Parent/guardian signature required

I am a custodial parent or legal guardian of the minor child name above. I authorize and consent to this child receiving the dental treatment described, and allow the school representative and Familia Dental to access the child's dental record.

Name (Printed): _____

Signature: _____ Date: ____/____/____

By signing this form you give permission to treat your child and also verify that you have read the additional form regarding HIPPA. This will also give permission for IDPH Quality Assurance Audits to be performed and providers to return to your school to recheck your child's sealants.