



## DENTAL OUTREACH FLUORIDE CONSENT FORM

<b>STUDENT INFORMATION</b>					Chart Number:	
Grade:		Teacher:		School:		
STUDENT'S Last Name:			First Name:			
Date of Birth:		Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address:		Apt. No.:	City:		State:	ZIP:
Phone Number:						
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> More than 1 race <input type="checkbox"/> Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian					Ethnicity: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other	
PARENT/GUARDIAN Name:			Relation to Student:			
Name of child's dental home and date of last visit: _____ / ____ / ____						

<b>INSURANCE INFORMATION (required):</b> Please fill out the following information about your CHILD: Please note that FHCHC will be covering the cost of the services and <b>YOU WILL NOT BE RESPONSIBLE TO PAY ANY FEES</b> , but if you have dental insurance your insurance carrier will be billed. Please make sure you complete the insurance information below.						
<b>By completing any portion of this form, you are authorizing FHCHC to provide screening/fluoride services for your child and to collect payment from KanCare and/or Private Dental Insurance.</b>						
<input type="checkbox"/> None						
<input type="checkbox"/> KanCare #: _____ <input type="checkbox"/> United Health Care <input type="checkbox"/> Aetna <input type="checkbox"/> Envolve						
<input type="checkbox"/> Private Insurance - Name of Company: _____ ID#: _____    Group #: _____						
Subscriber Information (All information must be provided):						
Last Name:		First Name:		Date of Birth:	Social Security Number:	
Address:			City:		State:	ZIP:
Employer:			Relationship to Child:			
Parent/Guardian Signature:					Date:	

(Please do not detach)

<input type="checkbox"/> I <b>DO NOT</b> want my child to participate in the free dental screening.						
STUDENT'S Last Name:		First Name:		Grade:	Teacher:	
Parent/Guardian Signature:					Date:	