

DENTAL CONSENT FORM



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Dental Safari Company
7562 Old Rt 13
Marion, IL 62959
(618) 993-8333
(618) 993-8335 fax
contact@DentalSafariCompany.com

School _____ Grade _____
County _____ Teacher _____

Now! Can Fill Out / Submit Online!!

Parents/Guardian

DENTAL SAFARI COMPANY, a fully licensed, professional corporation, will be at your child's school. By signing this consent form, your child will receive a visual exam (no x-rays) by a licensed dentist, a cleaning, Fluoride, and sealants as needed.

ALL CHILDREN ARE ELIGIBLE. Please select the method of payment you would like to use (check one):

- Medicaid / All Kids (9-digit ID# required)
- Grant Fund – Child is on the free or reduced lunch program but has NO MEDICAL CARD #.
- Private Insurance – Most private insurance pays 100% on services we perform (questions: call (618) 993-8333)

- Cash (or Check) Payment (pick one) **Full Price** \$128 [due with consent form]
- Credit Card / PayPal (go to website) **Reduced Fee** (\$75 total. [due with consent form] *Must Sign Declaration below*)

www.DentalSafariCompany.com

Cash Payment Declaration/Reduced Fee Waiver

For financial reasons, Parent/Guardian is unable to pay Full Price for dental services at this time.

(print name)

signature

date

Child's (legal) Name _____ Male Female Birth Date ____ / ____ / ____

Address _____ City _____ ZIP _____ Phone _____

OK, to text?

Cell Phone: _____ Yes No e-mail: _____

Is Child Eligible for Free or Reduced Lunch? YES NO (9-digit # on back of Card)

Medical Card KidCare / All Kids Card RECIPIENT ID# _____

Does Your Child have PRIVATE Dental Insurance? YES NO

Primary Card Holder Name _____ Phone _____ Employer _____

Primary's Address _____

Primary's: Birth Date ____ / ____ / ____; Primary's Soc. Sec. #: _____ - _____ - ____

DENTAL insurance company _____ Insurance Company Phone _____

Member ID#: _____; Group #: _____

YES NO **NEED FOR PREMEDICATION? – ** IF YES – call: (618) 993-8333**
Does child need premedication **with antibiotics** for dental treatment?

Optional: Photo/Video Release For Minor Child

parent/guardian

child
I, as parent/guardian, of the above child, give permission to Dental Safari Company to take and use pictures/videos in promotional material with no compensation to me. NOTE: Your child's name will not be used unless further permission is given.

(signature)

HEALTH HISTORY – PLEASE FILL OUT COMPLETELY

Has your child had any history of the following? Check ALL that apply:

- AD/HD Blood Disorders Diabetes Heart Speech Difficulties
- Allergies (seasonal) Cancer Ear Aches Heart Murmur Surgeries
- Asthma Cerebral Palsy Growth Problems Pregnancy Tobacco/Drug Use
- Autism Chronic Sinusitis Hearing Seizures Other

Other (checked above) Please Describe: _____

YES NO Is child allergic to ANY medication? list _____

YES NO Is child taking ANY medications at this time? _____

YES NO Has your child ever suffered injuries to the mouth, head, or teeth? _____

YES NO Does child's home have well water? _____

IMPORTANT: PARENT / GUARDIAN SIGNATURE REQUIRED

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

SIGNATURE

(RELATION TO CHILD)

DATE

* By signing, you give permission to treat your child and understand your HIPPA rights.

[HIPPA form can be reviewed at www.DentalSafariCompany.com, or a copy can be sent to you by using DENTAL SAFARI COMPANY's contact information in upper-right corner of this Consent Form]

* Also, gives permission for HFS, QA Audits and providers to return to your school and re-check your child's sealants.

Interested in a 6-Month Recall appointment?

This includes: dental screening, cleaning, Fluoride and sealants by a Registered Dental Hygienist.

YES NO Undecided, need more information

IMPORTANT: Parent / Guardian Consent

I am a custodial or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment at this 6-month recall appointment.

Please Check to Certify

- I understand that the Dental Screening performed by Safari's Public Health Dental Hygienist does not take the place of a dental examination performed by a Dentist.

signature

date