



Student ID # _____

For Information, call 879-6240.

Free Dental Care for Your Child at School

Consent Form

Please complete Sections 1— 4 and return to the teacher.

Theo's Toothmobile is a dental clinic on wheels. It travels to schools around Austin to provide FREE dental care. Your child may need dental care and may be selected for treatment. If you child receives treatment, please know that:

- If needed, we may provide an over-the-counter medicine such as Tylenol.
- Some dental work may be done using a local anesthetic. Difficulties with local anesthetics are rare.
- No laughing gas or sedative drugs are used.
- We do not dispense prescription drugs on the mobile dental clinics.

1. Your child's information

CHILD'S NAME: _____

Child's Date of Birth: _____ / _____ / _____ Gender: BOY or GIRL
month day year

Phone numbers: (Home) _____
(Work) _____

Address: (Street) _____
(City) _____ ZIP CODE: _____

In case of emergency,, when parent/guardian is not available, call:

Name: _____ Relationship: _____ Phone #: _____

2. School information

SCHOOL NAME: _____

Teacher Name: _____
(If middle school, list science teacher.)

Grade: _____ Period/Block: _____

REFERRING AGENCY: _____

3. Health History

Tell us if your child has any of the following conditions. **Check only those that apply.**

- Asthma Bleeding problems Heart Problems Heart Murmur Diabetes
 Hepatitis Latex allergy Rheumatic fever Tuberculosis Seizures Sickle Cell

Is your child taking any medicine? Yes No If yes, what: _____
 Is your child allergic to any medicine? Yes No If yes, what: _____
 Does your child have a dentist? Yes No Date of most recent dental visit: _____
 Does your child have dental insurance? Yes No *Note: Participation in our dental project does not affect your*
 Does your child have Medicaid? Yes No *child's Medicaid or insurance program.*

4. Sign here

I have read and understand the information in this form. I give permission for my child to have free dental treatment on the St. David's mobile dental clinic, and to be given non-prescription pain medicine if needed. I am the legal guardian of the child.

Signature **X**: _____

Date: _____

Your name (please print): _____

Please mark your child's race. This information will be kept private and will help with reporting.

- White Hispanic Black/African American American Indian/Native Alaskan
 Asian Multi-race Unknown Other _____

Please return this form to your child's teacher!

For more information, call 512-879-6240

Office Use Only: Data entry by _____