



Instructions for Completing School Based Health Center Consent Form for Dental Services on the Mobile Health Vehicle

Page 1:

1. Review the consent form and complete the highlighted areas
2. Name of Student/Date of Birth/Grade
3. Check the box. *“Yes! I consent for my child to receive Dental Care through the School Based Health Center.”*
4. Complete Parent/Guardian Signature/Print Name/Date.
5. Complete the name and office of the child’s dentist if you want any records released to the child’s primary dentist.
6. Check the box, if applicable. *“The School Based Health Center to release records to my child’s primary care and/or dentist as listed above.”*
7. Complete the signature/print name/date.

Page 2:

1. Complete the Parent/Guardian Information.
2. Complete the Health Insurance section if applicable.
3. Complete the Dental Insurance section if applicable.
4. Complete the Student’s Health History section.
5. Complete the Student/Family History section

**Return all completed and signed consent forms to the
school prior to your child’s scheduled dental visit**