

Dental Clinic at Cotting • School Permission Form • 2019/2020

Parent/Guardian: Massachusetts requires schools to request an annual dental examination.

I request that my child, _____

Please check one:

not be treated at school. I will send a Dental Health Form from our dentist.

be treated at school, and receive the following services:

emergency care

oral prophylaxis (cleaning)

oral hygiene instruction

fluoride treatment

restorative treatment

pit and fissure sealants *(plastic-like coating that prevents cavities from forming on the chewing surface)*

extractions

photographs *(whenever required for proper diagnosis)*

If you have requested any of the above services for your child, please complete the following questions to update your child's medical and dental histories.

The TUFTS Pediatric Residents provide extra hygiene appointments (cleaning and fluoride) to your child, additional to those receiving regularly, so your child can benefit by maintaining good oral hygiene. Your child's dental visits at the Cotting dental clinic are NOT meant to take the place of your child's regular visits at the dentist. We could render sealants and restorative treatment at your request, at no cost to you, after you provide us recent radiographs.

1. Does your child have a heart murmur or any heart problems? (please specify) _____
2. Have you ever been told that your child needs antibiotic medication before a dental appointment? If yes, why? _____
3. Does your child have a latex allergy? _____
4. Is your child allergic to anything else? _____
5. Primary Pediatrician: _____ Phone Number: _____
6. Is your child taking any medications? If so, please list: _____
7. Is your child receiving regular dental treatment at a private dentist? _____
8. When are the hygiene exams scheduled for at the private dentist? _____

How often would you like your child to be seen? Once every _____ months or _____ times a year.

Please check when you would like your child to be seen: Fall Winter Spring Summer

Parent/Guardian Signature: _____ Date: _____

Student Name *(If over 18/own guardian)*: _____

Typing Student name serves as signature