



DENTAL DAY CONSENT FORM

Hello! Your child's school has elected to host a Dental Day provided by Sagebrush Smiles. We are a non-profit, founded by Dr. Whitney Bryant DDS. Dr. Bryant founded this non-profit in order to share education, preventative treatment and resources with Northern Nevada. Our hope is to be an oral health advocate for students, parents and schools. We champion the "Oral Health is Health" mindset and hope to increase access to care for oral health in addition to providing treatments and services that can help kids keep their teeth healthy and cavity free.

If you consent, your child will be seen by a licensed professional and may receive a wide variety of services including: intraoral photos (no x-rays), oral health screening, comprehensive oral exam, oral health education, dental sealants, dental cleanings, antibacterial iodine and/or fluoride treatments. **THERE IS NO FEE** for the child or family. However, we bill Medicaid and receive funding from local, state, and national partners in the form of grants and donations. This **CONSENT FORM MUST BE SIGNED** in order for your child to participate. This is confidential information that will be shared with only you and your school nurse. You, nor your school, will ever receive a bill.

Student Name: _____ Date of Birth: _____

Gender: M F Age: _____ School: _____

Medical History (List Conditions): _____

Medications (List): _____

Allergies: NONE Iodine Latex Penicillin Other: _____

Child's Dental Insurance (Circle one): **Medicaid** # _____ Private Insurance None

Private Dental Insurance Carrier: _____ (Ex: Aetna, Delta, Metlife etc)

Last Dental Visit(circle): 0-3 months 3-6 months 6-12 months 12-18 months Never

Does your child have dental Anxiety? Yes No Unknown

Please List any procedures you **DO NOT** want your child to participate in: _____

Parent/Guardian Full Name: _____

Relationship to Child: _____

Mailing Address: _____

Phone Number: _____ Email: _____

General Participation Consent: By signing this consent, I am authorizing protected health information as specified below about the patient/child identified on this form to be used by Sagebrush Smiles to capture and share data with the participating provider, internal departments, and with the State of Nevada., as required (1) by law or regulation; (2) to verify eligibility for Medicaid dental benefits and/or to provide information about the same; If applicable, submit for reimbursement to third party payers, such as Medicaid or private insurance(3) to facilitate appropriate follow-up care with a dental provider in keeping with the recommendations made during the screening; (4) case management to ensure that appropriate follow-up care has been received; and/or (5) to protect the patient's health and safety. Upon my request Sagebrush Smiles must provide me with a copy of this form. I understand that signing this form is voluntary. As the legal parent/guardian, I hereby consent to allow my child to participate in a free dental day. I understand that these services do not include x-rays but do include a visual dental exam by a Dental Professional. I understand I will still need to follow up with a family dentist for my child's comprehensive care. I release Sagebrush Smiles of liability for adverse outcomes. Consent includes: intraoral photos (no x-rays), oral health screening, comprehensive oral exam, oral health education, dental sealants, dental cleanings, antibacterial iodine and/or fluoride treatments. This consent is valid for ONE year and can be revoked by contacting your school nurse.

Signature: _____

Date: _____