

**FREE**

# School Dental Varnish Program Consent Form



Sunset View Elementary Varnish Date: April 1-2nd, 2021

Student's name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student's Gender:  Male  Female  Other Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Would you like your child's teeth varnished for free?

Yes, please varnish my child's teeth.  
*Parent/Guardian signature needed below*  No, please do *not* varnish my child's teeth.

What grade is the student in: \_\_\_\_\_ Is the student Hispanic or Latino?  Yes  No

Does the student have dental insurance?

Yes  No

What is the student's race? (Select one or more responses)

- Native American or Alaskan Native  Native Hawaiian or other Pacific Islander  
 African American or Black  Asian  
 White

If you checked "No", your child may be eligible for free or low-cost health insurance

Would you be interested in obtaining health or dental insurance for your child?

**Consent:** I authorize Community Health Connect, Utah County Health Department, MTec and any other person associated or assisting them to proceed with administering the fluoride varnish that will help prevent cavities on my child's teeth. I also accept any and all possible risks, including, but not confined to, temporary inflammation of the gums in extremely rare cases. I have had the opportunity to read information regarding the varnish. If you have any more questions, please call (801)-818-3012 and speak with Rachel Lovejoy.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone

Number: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

Teeth Have Been Varnished:

YES  No

Students Level of Oral Health:

LEVEL  1  2  3