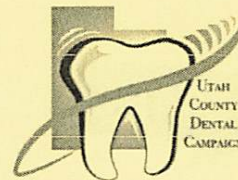


FREE

School Dental Varnish Program Consent Form



Sunset View Elementary Varnish Date: March 31st, 2022

Student's name (print clearly): Last: _____ First: _____

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

Yes No

- 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: _____



COMMUNITY HEALTH
CONNECT



Utah County
HEART OF UTAH
Health Department

CHC 
Community
Health Centers, inc.

FOR OFFICE USE ONLY:

Teeth Have Been Varnished:

YES NO

Students Level of Oral Health

LEVEL 1 2 3