



Consent for Dental Screening

Dental screening consists of a quick look inside the mouth with the use of a separate, sterilized mirror for each child and usually takes less than one minute. A registered dental hygienist will assess your child for urgent dental needs that require treatment by a dentist. Assessment is also made for preventive dental treatment such as:

- Individual oral hygiene instruction
- Professional scaling
- Professionally applied topical fluoride
- Pit and fissure sealants

The registered dental hygienist will discuss with you if dental services are required for your child.

Please note that any information collected during your child’s dental screening is done in accordance with the *Health Protection and Promotion Act*. In addition, the collection, use, disclosure, and disposal of this information is subject to the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Protection Act*.

I, the undersigned, hereby give my full consent for my child to participate in dental screening by a registered dental hygienist from the York Region Community and Health Services Department, Public Health Branch.

Name of Child	Age	Date of Birth (YYYY/MM/DD)

Parent/Guardian Name (please print): _____

Street Address: _____

Apartment: _____ **City:** _____ **Postal Code:** _____

Telephone (Home): _____ **Telephone** (Work): _____

Signature of Parent/Guardian: _____ **Date** (YYYY/MM/DD): _____