

Mary's Center Dental Cruiser



Parent or Guardian Consent Form

The Mary's Center Dental Cruiser travels to schools to provide dental care.

Do you want your child to receive dental care from the Mary's Center Dental Cruiser?

**To make an appointment, call
(301) 422-5934.**

YES, I want my child to receive dental care from the Mary's Center Dental Cruiser. I have read and understand the information on this form. I give permission for my child to receive dental treatment from the Mary's Center Dental Cruiser. I am the legal guardian of the child.

I have answered every question on the back of this form completely and accurately. I will inform my dentist of any change in my child's health and/or medications. I understand that, in the course of dental treatment, it may become necessary to perform additional procedures, which are not known to be needed at the start of the treatment. I request and give my consent for the dentist to perform such procedures at his/her discretion if needed during the dental appointment. I give consent for my child to participate in care at "Mary's Center," which may provide the following dental treatment as needed: X-rays, dental exam, fluoride treatments, dental cleaning, sealants (protective covering over teeth), fillings (white and silver), extractions (pulling teeth), pulpotomies (removing tooth nerves), and stainless steel crowns (caps). I understand that local anesthetics or tooth numbing medicine may be used for some procedures.



Signature: _____ **Date:** _____

*** only children with a signed consent form will be treated ***

Name (please print): _____

Child's Name: _____ Child's date of birth: _____

Social Security Number: _____ Gender (please circle one) M/F

Phone number (C) _____ (H) _____

In case of emergency, when a parent or guardian is not available please call:

Name: _____ Relationship: _____ Phone: _____

School: _____ Grade: _____ Teacher: _____ Student ID: _____

Please fill out and return this form

Please mark your child's race; this information will be kept private:

- White Asian Hispanic/Latino Multi-race Black/African American American Indian
 Other: _____

Does your child currently have any of the following dental insurances?

- Medicaid No dental insurance Other Insurance: _____

Dental insurance card number: _____

Does your child currently have a dentist? Yes No

If yes, please provide name and address:

When was your child's last dental visit?

- 0-6 months 6-12 months 1-2 years Never

Is your child currently taking any medicine?

- Yes No If yes, what? _____



Does your child have any of the following conditions?



- Asthma Hepatitis
 Bleeding problems Latex allergy
 Heart problems Rheumatic fever
 Tuberculosis Seizures
 Other: _____

The Mary's Center Dental Cruiser's mission, with the support of the United Health Foundation, is to increase access to dental care through detection, education, prevention, and treatment.

For more information please call **(301) 422-5934**.



The Mary's Center Dental Cruiser is proudly sponsored by:

UNITED HEALTH FOUNDATION®