

PLEASE
MARK



Onsite Dental and Mercy Health Ronald McDonald Care Mobile will be at North Boone schools March 16-18 2020. Please read below for more info and please be sure to sign both sides of this consent if you would like your child to participate

YES
 NO

Español
Reverso

DENTAL SCREENING CONSENT FORM

Dear Parent or Guardian- ONSITE DENTAL and RONALD MCDONALD CARE MOBILE has partnered with our school to arrange for preventive dental services for eligible children. These services may include an exam, cleaning, fluoride treatment, sealants (a protective coating on the chewing surfaces of back teeth) and dental education. Licensed dentists, hygienists and assistants will come to your child's school with portable dental equipment during the school day. In order for your child to receive these services you must provide all the information requested below and sign in the area indicated. Please note: As of August 2015, some dental insurance plans may only cover cleanings and fluoride treatments once per every six months regardless of place of service.

If you are not interested in this program, please print your child's name, GRADE, and date of birth, and check "NO" on the top of this form.

Child's Name: (Last, First name)		Male ___ Female ___		D.O.B. (MM/DD/YYYY)	
Home Phone:		Cell Phone:		Work Phone:	
Email: _____ @ _____ <small>Please print very neatly</small>					
Address:			City:	Zip:	County:
School:			Grade:		
Teacher:			Preferred Language:		
Does your child have any medical history that may complicate dental treatment?					
Does your child qualify for free/reduced meals? YES ___ NO ___					
Is your child enrolled in the "ALL KIDS" Program (Public Aid /Medicaid/Kid Care)? YES ___ NO ___					
If yes, please include your child's Medical Card ID Number:					
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Is your child covered by private dental insurance? Yes ___ No ___					
<i>For information on how to use private dental insurance please visit our website: www.onsite-dental-services.com</i>					

In signing this form, you give permission for your child to be treated by Onsite Dental. Your signature also verifies that you have read the attached form regarding HIPAA. This consent gives permission for: Onsite Dental and your child's school to mutually share this consent form, for Illinois Dept of Public Health to provide Quality Assurance checks where officials may return to your school and re-check your child's sealants, and also allows the school to release address and telephone information as well as school directory information such as classroom and daily schedule information as necessary to Onsite Dental. I understand that some dental plans may only cover cleanings and fluoride treatments every six months regardless of place of service, I hereby authorize payment of dental benefits for the services described. I give my permission to the doctor to submit insurance benefit claim forms in my name and on behalf of myself, my spouse and/ or my minor patient.

*****Two signatures needed please, see reverse

Signature:

Date:

Are you legally responsible for this child? Yes / No

Relationship:





Mercyhealth™

A passion for
making lives better.™

PLEASE read these explanations before signing and giving permission

For this child to be seen by the Care Mobile staff:

1. The Care Mobile will be at a location for only 1 or 2 weeks at a time. Because of this the Care Mobile CANNOT assume the responsibility to complete the care for this child or to provide ongoing care for this child.
2. If the Care Mobile begins treatment for this child and cannot complete the care within the time at your location, it is your responsibility to make other arrangements for the care of this child.
3. When the Care Mobile is at your location the staff will try to help you find a local caregiver, but we cannot guarantee those arrangements can be made.
4. IF arrangements cannot be made for follow-up care, you may ask for a copy of the Care Mobile schedule to make an appointment at a different location and transport this child to that location.
5. PLEASE answer all questions on the Pediatric Health History form completely and accurately. The answers you put on that form will help us give the best medical and dental care for this child in a safe way. Incorrect information may be dangerous to this child's health.
 - PLEASE -- if you do not understand a question – if you are not sure of the answer – if you want to talk about a question with the Care Mobile staff, put a note with the Pediatric Health History form when you return the form
 - The Pediatric Health History form becomes part of this child's record with the Care Mobile and is kept totally confidential

DENTAL CARE CONSENT

- I give my consent for a dental exam and treatment that may include dental exam, fluoride application, sealants, cleaning.

I UNDERSTAND and CONSENT

- I have read and understand this Consent Form.
- My questions have been answered in a satisfactory manner.
- I understand I have the right to receive answers to questions that may come up during this child's treatment.
- I understand there are no guarantees about any treatment results.
- I understand I am free to withdraw my consent to treatment at any time**
- I understand this Consent for Medical / Dental Treatment shall remain in effect until I choose to end it.**
- I have been offered a copy of Mercyhealth System's Joint Privacy Notice.

Signature of Parent or Legal Guardian

Date Signed

The Ronald McDonald Care Mobile is made possible by a grant from the Ronald McDonald House Charities, INC. (RMHC), a non-profit, tax-exempt charitable corporation. RMHC has no responsibility or liability for the operation of this Ronald McDonald Care Mobile or any of the medical or dental activities conducted herein.