

SUPERIOR SMILES

PERMISSION SLIP

☐ **Yes!** I give permission for my child to participate.

☐ **No.** I do not want my child to participate. Why? (optional) _____

Child's Legal First Name: _____ **Last:** _____

Circle: **M** / **F** **DOB:** _____ **Parent/Guardian Phone #:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Please indicate if you need help finding a dental clinic for your child/children: ☐ Yes ☐ No

RACE/ ETHNICITY ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

(select all that apply): ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

What type of **DENTAL INSURANCE** does your child have? **NOTE:** No child will be refused services based on their insurance status.

☐ Forward Health/ BadgerCare/ MA **FH ID#:** _____

☐ Private Insurance (i.e. Delta, Cigna) ☐ No Insurance

School: _____ **Teacher:** _____ **Grade:** _____

Dentist / Dental Clinic: _____

Please answer the following questions about your child.

Does your child:

1. Take medicine prescribed by a doctor? **Y/N** If yes, what kind? _____
2. Need or use more medical care than other children the same age? **Y/N**
3. Have trouble doing things most children the same age can do? **Y/N**
4. Need or get special therapy such as physical, occupational, or speech? **Y/N**
5. Need counseling or treatment for behavioral or emotional condition or delays in walking, talking, or activities other children the same age can do? **Y/N**
6. If you marked yes above, has this condition lasted or is expected to last more than 12 months? **Y/N**
7. Have any allergies? (i.e. medications, food, latex) **Y/N** Please list: _____
8. Has your child ever been seen by a dentist? ☐ Yes, within one year ☐ Yes, over one year ago ☐ Never

HOUSEHOLD INFORMATION:

Because our clinic is funded partially by a grant from the federal government to see under/uninsured, we are required to collect household information. This will not affect your child's eligibility in this program, and is confidential.

Number of Adults: _____ **Number of Children:** _____

Annual income - please estimate your gross income including any wages, child support, alimony, disability, SSI, unemployment, etc:

☐ \$0-14,000 ☐ \$14,001-\$18,000 ☐ \$18,001-\$21,000 ☐ \$21,001-\$25,000 ☐ \$25,001-\$29,000 ☐ \$29,001+

I understand there is no fee associated with this service. I authorize NorthLakes Community Clinic, acting as the dental administrator for Superior Smiles program, to bill my Forward Health Plan/BadgerCare/MA if applicable and receive payment for dental services performed. (If you receive a bill in error please contact our office.) I acknowledge that I am able to exercise my rights under HIPAA of 1996 to access the privacy policy of NorthLakes by visiting their website at www.northlakesclinic.org and that all information shared here is confidential.

PARENT/GUARDIAN SIGNATURE

PRINTED NAME

DATE

OFFICE USE ONLY:

FH _____ D _____ DS _____ S _____ SC _____

NO. 27-115

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COMMONLY ASKED QUESTIONS:

What is a sealant?

A sealant is a thin, tooth-colored plastic coating that is applied to the chewing surfaces of back teeth where decay occurs most often. Sealants protect these teeth from plaque and the acid that causes decay. Receiving sealants is painless and does not require any numbing or drilling.

Why sealants?

90% of decay in permanent teeth occurs on the chewing surface, which is where the sealant is placed. Sealants act as a physical barrier to bacteria and help prevent cavities from forming, along with good oral hygiene.

What if my child already has sealants?

A dental hygienist or dentist will check the condition of your child's sealants. If needed they will be repaired or replaced.

What is fluoride varnish?

Fluoride varnish is a flavored topical gel that is applied on all of the teeth to make them more cavity resistant.

Will my child be able to eat normal after receiving fluoride or sealants?

Yes, although it is recommended to not eat or drink for 30 minutes following fluoride. Teeth may feel sticky and chewing might feel different for a day or two but there will not be any restrictions or changes in eating habits.

NORTHLAKES COMMUNITY CLINIC

was granted a license to practice MOBILE DENTISTRY in the State of Wisconsin in accordance with Wisconsin Law on the 10th day of October in the year 2016. The authority granted herein must be renewed each biennium by the granting authority. In witness thereof, the State of Wisconsin Dentistry Examining Board has caused this certificate to be issued under the seal of the Department of Safety and Professional Services.

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