

St. David's Dental Program

OPT-OUT FORM

Dear Parent,

There will be a **FREE dental screening** at your child's school, where a board-certified dentist will look in your child's mouth to see if he/she has cavities or needs sealants (a plastic coating put on teeth to prevent decay). This is done without x-rays or instruments.

If the dentist identifies that your child needs dental treatment that our program can offer, he/she will receive a consent form for you to sign. Our mobile dental clinic will return to your child's school in a few weeks to provide FREE dental care.

If you **DO NOT** want your child to be screened **sign and return** this form to his/her teacher.

I DO NOT WANT MY CHILD TO HAVE A FREE DENTAL SCREENING.

Child's name: _____

Teacher's name: _____ Grade: _____

Your signature: _____ Date: _____

Please call 879-6240, for more information.

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