



Dear Parent/Legal Guardian,

Hamilton Health Center is pleased to offer a preventive dental program for students of Greenwood School District. Students will be able to receive an oral screening, exam, cleaning, fluoride application, dental sealants and x-rays as needed by our Public Health Dental Hygiene Practitioner (PHDHP). Students who enroll to receive these services will be escorted from class for their scheduled appointment during school hours and escorted back to their respective classrooms. Insurance will be billed for services, but no child will be turned away based on type or lack of insurance coverage or ability to pay. If you have any question or concerns, please call our office in Newport at **717-204-7865**.

To enroll your child in the program, please fill out this form completely in blue or black ink

Permission is given for _____ / / _____ / / _____ to receive:
 (Child's Name) (Birth Date) (School) (Grade) (Homeroom)

- **Dental services including but not limited to oral screening, exam, cleaning, fluoride application, dental sealants and x-rays as needed.**

 Signature of Parent/ Legal Guardian

Parent/ Legal Guardian: _____ Phone (Home) _ _ - _ - _ _ _
 Print name Parent/ Legal Guardian

Phone (Work) _ _ - _ - _ _ _ Phone (Cell) _ _ - _ - _ _ _

Address: _____

Emergency Contact & phone # _____

X _____
 Print name of insured student

_____ Group # from insurance card

_____ Insurance Company

_____ I.D # from insurance card

I authorize my insurance benefits to be paid directly to Hamilton Health.

X _____
 Print name Parent/Legal Guardian

X _____
 Signature of Parent/Legal Guardian



Please fill out form completely in blue or black ink:

Child's Name _____ Birth Date: _____

Social Security # _ _ - _ - _ Sex: **M** or **F**

Race: American Indian or Alaskan Asian African American
 Native Hawaiian White Hispanic/Latino
 Other: _____

Primary Language: English Spanish Other _____

Medical History

Primary Care Doctor: _____
(Name) (address) (phone)

Current Medications: _____
(if none please write none)

Allergies (medicine, food, anesthesia, latex, metals) _____
(if none please write none)

Has your child ever had any of these conditions? Please check all that apply:

- | | | | | |
|---|---|---|---|---------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Asthma | <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Cancer | <input type="checkbox"/> Birth Defect |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Liver Problems | <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Hospitalizations, please explain _____ | | | When? _____ | |
| <input type="checkbox"/> Surgery, please explain: _____ | | | When? _____ | |

Does your child have a health problem not listed? **YES** **NO**
If yes, please explain what? _____ When? _____

Dental History

Is this your child's first visit to a dentist? **YES** **NO** Date of last appointment? _____

Were x-rays taken? **YES** **NO** Have any cavities been noted in the past? **YES** **NO**

Does your child suck their thumb or finger? **YES** **NO**

Has your child ever injured his/her mouth/teeth **YES** **NO** If yes, please explain: _____

When does your child brush their teeth? upon rising after eating before going to bed

How does your child receive Fluoride? Tap water Well water RX-Fluoride drops Rinse, gel, or paste

Were any teeth removed by extraction? **YES** **NO** Was it suggested that space be maintained? **YES** **NO**

Are there any dental problems or concerns now? **YES** **NO** If yes, please explain: _____

To the best of my knowledge, all the information I have provided is correct.

Print Name of Parent/Legal Guardian

X _____
Signature of Parent/Legal Guardian