

PERMISSION SLIP: Please return to school within 1 day



Healthy Smiles Happen at School!



Children should see a dentist regularly to stay healthy and avoid dental problems that impact learning. We encourage you to sign up your children for the school-based dental program if they do not currently have a dentist. Medicaid covers 100% of our treatment. Most insurances are also accepted. If your child has a dentist you should continue to arrange dental care through that provider. The parent/guardian acknowledges that he/she should arrange for continuing dental care for the patient if required. Services are invoiced directly to your Medicaid plan or dental insurance and are applied towards your benefits. Please contact us with questions at (800) 409-2563 or write to 10940 Parallel Pkwy, Ste. K #274, Kansas City, KS 66109.

PLEASE PRINT CLEARLY IN INK. SIGNATURE REQUIRED AT “  SIGN HERE ” BELOW.

School: _____ District: _____

Your Name: _____ Relation to Student: _____

Student Name: _____ Student Date-of-birth: _____ / _____ / _____
Mo Day Yr

Student Grade: _____ Student Classroom: _____

Phone: (_____) _____ 2nd Phone: (_____) _____ email: _____

Address: _____ City: _____ Zip: _____

Check one: Child has Medicaid (ID #: _____) Child has Private Insurance
 Child is uninsured



Health History (Circle “Yes” or “No” or List). Please notify us of any medical history changes.

Asthma	YES	NO
Rheumatic Fever	YES	NO
Heart Problems	YES	NO
Diabetes	YES	NO
HIV or AIDS	YES	NO
Liver Problems	YES	NO
Kidney Problems	YES	NO
Sickle Cell	YES	NO

Latex Allergy	YES	NO
Tuberculosis	YES	NO
Hepatitis	YES	NO
Possibly Pregnant	YES	NO
Epilepsy/Seizures	YES	NO
Emotional Disorder	YES	NO
Hemophilia	YES	NO
Lung Disease	YES	NO

List Surgeries	
List Medications Taken	
List Allergies	
Other conditions	

I authorize Nevin Waters, DDS PC affiliated dentists to provide all dental care during this school year which may include: dental exams, x-rays, cleanings, fluoride, sealants, any needed fillings and crowns, baby teeth root canals and simple extractions of baby teeth at school without my presence unless I withdraw this consent. On behalf of myself and/or the patient, I authorize and direct Nevin Waters, DDS to bill and collect payment from any Medicaid, insurance or other third party payer that covers the services provided to this patient, which shall be applied to the patient's benefits. This care is **free** to me if my children are covered by an Medicaid plan. If there will be cost to me, then I will be called first to approve or decline. If you have not already expressed interest but would like to know more,

please contact Becky Nevergold, 229-8010



SIGN HERE: _____

Date: _____

— No Thank You —

If you do not want your child to receive these services this school year, please only fill out the line below and nothing else on this form. The school should not release my child's directory contact information for the current school year.

Student Name: _____ School: _____ District: _____