



## Oral Health Screening Form

During your student's routine vision, hearing, height and weight screenings, Kids in Need of Dentistry (KIND) will provide free oral health screenings. This will involve a quick check in your student's mouth by a Registered Dental Hygienist. If a dental concern is noted, you will be contacted by KIND staff.

If you have any questions or concerns, please contact Julie Collett, RHD at KIND. Her phone number is 303-733-3710, extension 11.

I give permission for Adams 14 to release my child's name, my name, home address, and phone number to Kids In Need of Dentistry (KIND). This will enable KIND to contact me if the oral health screener determines that my child has oral health problems that need attention.

.....  
Student's Name \_\_\_\_\_ School ID# \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

**I DO** want my child to participate in a KIND oral health screening.

**I DO NOT** want my child to participate in a KIND oral health screening.

Signed \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Date \_\_\_\_\_