



## Form to Refuse Permission for a *FREE* Dental Screening

Family Health Care  
340 Southwest Boulevard  
Kansas City, KS 66103  
913-722-3100, ext 210  
[www.FHC-Smiles.org](http://www.FHC-Smiles.org)

If you would like your child to receive a FREE Dental Screening, DO NOT SIGN this form.

Dear Parent/Guardian:

Please provide the following information:

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

On \_\_\_\_\_ a dental screening/check will be provided to students AT NO COST to the family or school.

This will be a simple visual screening/check to look for cavities. It does not take the place of a regular exam in a dental office. All students will be screened unless form is brought back to school Nurse to OPT OUT.

\_\_\_\_\_ NO, I DO NOT want my child to receive a free dental screening/check. (OPTING OUT from dental screening)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to the school nurse by this date: \_\_\_\_\_.