Queensland Government

ORAL HEALTH SERVICES

PARENTAL CONSENT and MEDICAL / DENTAL HISTORY FORM

Clinic address

Please complete this form and return it to the school or dental clinic by:	
Late returns will be accepted however treatment may be offered at a different location.	

DETAILS OF YOUR CHILD

Last name:	Date of birth:
First name (s):	Gender Male / Female
Home address:	
Postal address (if different):	
Contact person in case of emergency:	Phone:
School attended:	Grade:

CONSENT TO EXAMINATION AND PREVENTIVE CARE

(tick one box only)

I consent to my child receiving the following: | Yes | No |

- a dental examination, and
- dental x-rays, if considered necessary as part of the examination, and
- preventive care if considered necessary such as oral hygiene instruction, cleaning of teeth and the application of fluoride.

I understand the examination and any associated procedure which is considered necessary may involve more than one visit.

I also understand that, if I consent to the above, a separate consent form will be sent to me should any further treatment be recommended.

Signed *(Parent/Guardian)*: Date:

Your name *(please print)*:	
Your address *(if different from above)*:	
Contact telephone *(Home)*:	*(Work)*:
(Mobile):	*(Email)*:

I consent to receiving contact from the Oral Health Service by SMS and/or email. | Yes | No | (tick one box only)

IF YOU HAVE TICKED "YES" TO YOUR CHILD RECEIVING A DENTAL EXAMINATION AND PREVENTIVE CARE, PLEASE COMPLETE THE QUESTIONAIRE OVERLEAF

Is your child of Aboriginal or Torres Strait Islander or South Sea Islander origin? (please tick)

No ☐ Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander ☐

In which country was your child born? (please tick ONE box, and enter name of country if born overseas)

Australia ☐ Another country ☐ Name of the country

What language is spoken at home?

REV: MAY 2015