Maryland's Largest School District

MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 525-17A
(formerly DHHS Form 3839)
January 2020

Dental Permission Form for Prekindergarten/Head Start

Montgomery County Department of
Health and Human Services (DHHS)
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

School health professionals review student health information, including dental health, when students enroll in school. When health problems are identified, school health professionals assist students and parents/guardians in accessing appropriate health services, including dental care.

Please complete Sections I and II of this form and ask your child's dentist or dental hygienist to complete and sign Section III of this form (if your child does not have a dentist/dental hygienist, please leave this section blank). Return the completed form to the health room at your child's school.

While in the Prekindergarten/Head Start Program, all children will be screened/checked by a Dental Hygienist using a dental mirror. When screening indicates a need for dental treatment, the parent/guardian will be notified by the Dental Hygienist. The Dental Hygienist will assist the Parent/Guardian in finding dental treatment. If you have any questions, contact the DHHS Health Services Coordinator at 240-777-1645.

SECTION I: To be completed by Parent/Guardian

Name of Student	Student ID	
Name of School	Date of Birth	Grade

SECTION II: To be completed by Parent/Guardian

Please check the appropriate YES or NO box below. Please note that teeth screening/check-up, tooth brushing, and Fluoride Varnish treatments will take place in the classroom by the Dental Hygienist.

- I give permission for my child's teeth to be screened ❑ Yes ❑ No
- I give permission for my child's teeth to be brushed by the Dental Hygienist ❑ Yes ❑ No
- I give permission to DHHS to verify treatment with my child's dentist/dental hygienist ❑ Yes ❑ No
- I give permission for my child to have a Fluoride Varnish treatment (for Head Start and possibly full-day PreK students) ❑ Yes ❑ No

Does your child have any of the following? Please check Yes or No below:

Allergies (Food, Insects, Medication, Latex, Seasonal) ❑ Yes ❑ No
(Note, if your child does have allergies, that should also be noted on MCPS Form 565-1 included in this packet and MCPS Form 525-13 or 525-14).

Name of Dentist/Dental Hygienist____

Phone #_____-_____-______ Date of last Dental Visit____/____/_____

Does your child have Medical Assistance/Insurance/Care for Kids/Private Health Insurance? ❑ Yes ❑ No

SECTION III: Parent/Guardian Authorization

❑ I understand that the information stated on this form will be kept confidential.

I agree that by typing my name and today's date below, and submitting this form by electronic mail, I am intending that the below constitutes and is the equivalent to my personal signature.

Parent/Guardian Name ____

Parent/Guardian Signature ____________________________________ Date____/____/_____

PLEASE RETURN THIS FORM TO THE HEALTH ROOM AT YOUR CHILD'S SCHOOL.