



**THE DENTAL ROAD CREW
MOBILE DENTAL PROGRAM
STUDENT CONSENT FORM**



Dear Parent/Guardian,

The Dental Road Crew is a mobile dental office. The dentist on the mobile van can examine your child, fill cavities and remove teeth that cannot be saved. Your Medicaid, CareSource, Amerigroup, or Molina will cover the cost of the dentist. **If you would like your child to see the dentist, please complete this consent form and the attached health history, sign at the bottom of both pages, and return to your child's school.**

Yes, I give permission for my child to receive dental care from the dental van program including preventive care, dental examinations, x-rays, fillings, local anesthesia, tooth removal, and root canals.

No, I do not want my child to see the dentist.

Child's Name _____ Date of Birth _____

Male ___ Female ___ Race _____ Child's Social Security # ___ - ___ - _____

Home Phone _____ School _____ Room # _____ Grade _____

Home Address _____
Street City State Zip Code

Work Phone _____ Cell/Pager _____

Emergency Contact _____ Phone/Pager _____

Parent's Name _____ Social Security # ___ - ___ - _____

(Optional)

What type of dental insurance do you have?

___ Medicaid Card ___ CareSource ___ Amerigroup ___ Molina ___ Private Insurance ___ None

Please attach a copy of your child's insurance card (front & back) to this form.

If you do not have Medicaid, CareSource, Amerigroup, Molina or private dental insurance, you will be charged \$20.00 per visit each time your child receives services on the van. The bill for the services will be mailed to your home.

◆◆ **Initial** _____ *By initialing here, I acknowledge receipt of the Agency's Notice of Privacy Practice.* ◆◆

◆◆ **Signature of Parent/Legal Guardian** _____ **Date** _____