South West Dental Service
Camperdown • Hamilton • Portland • Warrnambool

Dear Parent/Guardian,

South West Dental Service (SWDS) will be providing **FREE** dental screenings for children at Early Childhood Service's in 2023. An Oral Health Professional will visit your child's service on **TWO** occasions to complete dental screenings in 2023.

A letter with results from the screening will be given to your child. Should you require further information, you are welcome to contact our Clinic on **(03) 5564 4250**; or alternatively seek care from your family dentist.

If you consent for your child to have a dental screening, please complete this form and return to the Early Childhood Service.

Child's First Name: …………………………………………….. **Family Name:** …………………………………………………………………

Date of Birth: ..../………. /……………….. **Male / Female**

Address: ……

Daytime Contact Phone: (Home) …………………………………………….. **(Mobile)** ………………………………………………………….

Kindergarten/Preschool: …………………………………………………………………………. **Group name:** ……………………………….

Health Care/Pensioner Concession Card Number: ………………………………………………………. **Exp Date:** ……………………

Medicare Card Number: __ __ __ __ __ __ __ __ __ __   **Ref No.** __ **Exp Date:** __ / __

Is your child Aboriginal or Torres Strait Islander Origin?	**Yes or No** (Circle)

Was your child born in Australia?   **Yes or No** (Circle)
If no, where were they born: ………

Is there any significant medical history we should know about?   **Yes or No** (Circle)
If yes, please provide in detail: ………

Does your child have any allergies?   **Yes or No** (Circle)
If yes, please provide in detail: ………..

Do you consent for the application of fluoride varnish* for your child?   **Yes or No** (Circle)
*Fluoride Varnish is a paste that is applied to teeth to aid in the prevention of dental cavities. If you require further information please contact our clinic.

I give consent for an Oral Health Professional from SWDS to examine my child's mouth at kindergarten/preschool. I understand my child's information is private and confidential and will be stored securely at SWDS. It can only be seen by professionals at SWDS involved in my child's care. My child's information will only be released if I agree, or if required by law such as in a medical emergency.
I consent to being contacted by SWDS regarding my child's oral health.

Parent/Guardian Full Name (Please PRINT): ……

Parent/Guardian Sign: ………………………………………………………………………………… **Date:** ………./………./…………………