



Date	Year	Month	Day

## DENTAL SCREENING

Dear parent(s),

The institution your child attends offers **FREE** services to prevent tooth decay. The public health dental hygienist will be present on  to carry out a dental screening.

### What is a dental screening?

This is a brief meeting with the dental hygienist who will evaluate your child's teeth to determine if she can offer free services to prevent tooth decay. However, please note that these services do not replace regular visits to the dentist; they are complementary services.

### What free dental services are available if my child is eligible?

Based on the results of the screening, one or both of the following services will be offered:

- Application of a dental sealant
- Application of a fluoride product

### Will I be told the results after the dental hygienist's visit?

Yes. The dental hygienist will give your child a letter. This letter will tell you if your child is eligible for free dental services. You will have the option to accept or refuse the offered services.

### Can I refuse to allow my child to participate in the dental screening?

Yes. You can refuse to allow the dental hygienist to check your child's teeth. To refuse, you must complete the attached form.

### Will the information collected be kept confidential?

Yes. The information collected is confidential and will be kept in the institution where the public health dental hygienist works. This information may be used to evaluate and improve the dental services offered in public health.

For more information, please contact the public health dental hygienist.

Public health dental hygienist			
Name	Area code	Telephone no.	Ext. no.
Establishment			
Email			

Complete only if you refuse to  
allow your child to participate  
to the dental screening.

## REFUSAL

### to participate to the dental screening

If you **ACCEPT** the dental screening, **you do not need** to return the form.

If you **REFUSE** the dental screening, please complete the section below and return it before the dental screening takes place.

Additional information	
Parent's 1 first and last name	Parent's 2 first and last name
Telephone number 1	Telephone number 2
Name of the institution	
Group supervisor or group number	
<p>I <b>REFUSE</b> to allow my child _____ to participate to the dental screening carried out by the public health dental hygienist.</p> <p>Name: _____ Date: _____</p> <p style="text-align: center;">In block letters                      Year      Month      Day</p> <p>You are: <input type="checkbox"/> The parent or legal guardian  <input type="checkbox"/> The student aged 14 and over</p> <p>Signature: _____</p>	