



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	

I **REFUSE** to allow my child to participate to the dental screening carried out by the public health dental hygienist.

Name: In block letters

Date: Year Month Day

You are: ☐ The parent or legal guardian
☐ The student aged 14 and over

Signature: