



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 REFUSE 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="margin-left: 100px;">In block letters Year Month Day</p> <p>You are: <input type="checkbox"/> The parent or legal guardian Signature: </p> <p style="margin-left: 20px;"><input type="checkbox"/> The student aged 14 and over</p> | |