



DT9310

Child's last name		Record no.	
First name			
Health insurance number		Year Month	
		Expiry	
Date of birth		Sex	
Year	Month	Day	<input type="checkbox"/> M <input type="checkbox"/> F
Address (no., street)			
City		Postal code	

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

REFUSAL TO PARTICIPATE IN THE SCHOOL-BASED DENTAL SCREENING ACTIVITY

If you refuse to allow your child to participate in the school-based dental screening activity, please complete all the shaded sections in this form and sign and return it to your child's teacher **within the next three days**.

Additional information				
Parent's 1 first and last name	Parent's 2 first and last name			
Name of school				
Teacher's name and group number				
<p>I REFUSE to allow my child, _____ , (child's first and last name in block letters)</p> <p>to participate in the school-based dental screening activity carried out by the public health dental hygienist.</p> <p>Parent's or guardian's first and last names: _____ (in block letters)</p> <p>Parent's or guardian's telephone numbers:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <p>Home</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number </div> </div> </td> <td style="width: 33%; border: none;"> <p>Office</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number Ext. no. </div> </div> </td> <td style="width: 33%; border: none;"> <p>Cell phone</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number </div> </div> </td> </tr> </table> <p>X _____ Parent's or guardian's signature</p> <p style="text-align: right;">Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between; width: 100%;"> Year Month Day </div> </div></p>		<p>Home</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number </div> </div>	<p>Office</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number Ext. no. </div> </div>	<p>Cell phone</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number </div> </div>
<p>Home</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number </div> </div>	<p>Office</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number Ext. no. </div> </div>	<p>Cell phone</p> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> Area code Number </div> </div>		