



**Is Coming To Our  
School!**



## SERVICES PROVIDED AT SCHOOL:

- EXAMS
- CLEANINGS
- X-RAYS
- FILLINGS
- SEALANTS
- FLUORIDE
- BABYTEETH EXTRACTIONS
- SILVER DIAMINE FLUORIDE



## FREE Dental Care at School!

**Great News!** Healthy Futures through Heartland Community Health Center provides **FREE** in-school dental care. If your child does not see a dentist regularly or you are looking for a new dentist, simply fill out a consent form.

Healthy Futures accepts Medicaid, Commercial/Private Insurance and the uninsured. Dental services provided to your child at their school are **FREE**.

Having your child seen by the in-school dentist saves you valuable time and takes less time from your child's academics. Top quality care is provided by a licensed dentist and hygienist right in the familiar surroundings of school.

Questions: Contact the Healthy Futures Coordinator at 785.841.7297 x 351 or

Fill out the Healthy Futures consent form and return it to school. Forms are accepted throughout the year. We do prefer forms be returned 2 weeks before the clinic date. Use the QR code to access the online consent. You may also access the form at:  
<https://heartlandhealth.org/healthy-futures/>



## Healthy Futures Dental Consent STUDENT INFORMATION

School Name			Grade Level	
Student Legal First Name	Middle Initial	Last Name	Preferred Name	
Date of Birth		Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____		
Race: <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific <input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> Other Race Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Street Address				
City	State		Zip Code	
Phone Number		Email		
Parent/Guardian Name			Date of Birth	

### ALREADY A PATIENT?

<input type="checkbox"/> Check box if student is already an existing patient of: Heartland Community Health Center Douglas County Dental Clinic Bright Smiles Program Friendly Smiles Program
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### INSURANCE INFORMATION

<input type="checkbox"/> No Dental Insurance		
<input type="checkbox"/> KanCare/Medicaid # _____ <input type="checkbox"/> Aetna <input type="checkbox"/> United HealthCare <input type="checkbox"/> Sunflower		
<input type="checkbox"/> Commercial/ Private Insurance		
Insurance Company	Policy #	Group #
Subscriber Name	Subscriber DOB	
Subscriber SSN	Employer	
Insurance Company's Address & Phone #		

## MEDICAL HISTORY

Check all that apply

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> HIV/AIDS         | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Artificial Joint/ Pins/ Screws |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Congenital Heart Disorder      |
| <input type="checkbox"/> Heart Murmur     | <input type="checkbox"/> ADD/ADHD       | <input type="checkbox"/> Autism                 | <input type="checkbox"/> Anemia                         |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Hepatitis      |   |   |

List other medical conditions or special health care needs

Is your child required by a physician to take a pre-medication (antibiotic) prior to dental treatment?

☐ No

☐ Yes, condition:

## ALLERGIES

Check all that apply

- |                                       |   |                                  |                                |
|---------------------------------------|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Latex        | <input type="checkbox"/> Amoxicillin/Penicillin | <input type="checkbox"/> Lactose | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other: _____ |   |                                  |                                |

## MEDICATIONS

List all medicines, vitamins, herbs, and home remedies the student is taking.

The Healthy Futures Dental Outreach Team will provide on-site dental care to your child while they are at school. If there are services (listed below) that you do **not** wish for us to perform, please indicate here:

## CONSENT FOR TREATMENT

As parent or legal guardian of the patient named above, I give Heartland Community Health Center permission to provide my child with comprehensive dental care. Comprehensive care includes dental sealants, fluoride varnish, silver diamine fluoride treatment, x-rays, dental cleanings, fillings, pulpotomies, extractions, and numbing of the mouth. I also acknowledge that the Privacy Practices were and are available for my review. This consent is valid until revoked in writing by Parent/Guardian.

I understand that all patient information is protected and will only be exchanged with staff employed/contracted by Heartland Community Health Center and, in certain circumstances, with the school (applicable only if your child's treatment occurs as part of a school-based program). I authorize Heartland to release the information necessary to process insurance claims and authorize payment directly to Heartland.

Parent/Guardian Signature

Date

Questions: Contact the Healthy Futures Coordinator at 785.841.7297, x351 or  
healthyfutures@heartlandhealth.org