



(Rev. 3-22)

Dental Outreach Fluoride Consent Form

STUDENT INFORMATION					Chart Number:	
Grade:		Teacher:		School:		
STUDENT'S Last Name:			First Name:			
Date of Birth:		Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Mailing Address:		Apt. No.:	City:		State:	ZIP:
Phone Number:						
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> More than 1 race <input type="checkbox"/> Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian					Ethnicity: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other	
PARENT/GUARDIAN Name:			Relation to Student:			
Name of child's dental home and date of last visit: _____/_____/_____						
Parent/Guardian Signature:					Date:	

INSURANCE INFORMATION (required): Please fill out the following information about your CHILD: Please note that CareArc will be covering the cost of the services and YOU WILL NOT BE RESPONSIBLE TO PAY ANY FEES , but if you have dental insurance your insurance carrier will be billed. Please make sure you complete the insurance information below.						
By completing any portion of this form, you are authorizing CareArc to provide screening/fluoride services for your child and to collect payment from KanCare and/or Private Dental Insurance.						
<input type="checkbox"/> None						
<input type="checkbox"/> KanCare #: _____ <input type="checkbox"/> United Health Care <input type="checkbox"/> Aetna <input type="checkbox"/> Envolve						
<input type="checkbox"/> Private Insurance – Name of Company: _____ ID#: _____ Group #: _____						
Subscriber Information (All information must be provided):						
Last Name:		First Name:		Date of Birth:	Social Security Number:	
Address:			City:		State:	ZIP:
Employer:			Relationship to Child:			

(Please do not detach)

<input type="checkbox"/> I DO NOT want my child to participate in the free dental screening.				
STUDENT'S Last Name:		First Name:	Grade:	Teacher:
Parent/Guardian Signature:			Date:	