To: Parents/Guardians of second and six graders attending Title I Schools

Dear Parent,

Your child's school will be visited by staff of the Florida Department of Health in Pasco County in a joint effort with Pasco County Public Schools to provide exams, dental sealants and fluoride varnish for students. These services will be available **to second and six grade students at NO cost to parents/guardians.**

A signed permission slip bearing the signature of at least one parent or guardian is required in order for the child to participate. Please complete, sign and return these forms to your child's teacher immediately. Parents/Guardians do not have to be present when the services are provided. If we identify a need for further dental treatment a letter will be sent home with your child.

Every child with a signed permission slip will receive a free toothbrush, toothpaste and prize.

Please feel free to contact our dental office if you have any questions.
Florida Department of Health in Pasco County, 10841 Little Road, New Port Richey, FL 34654
Phone: (727) 861-5260 ext. 284

Parent/Guardian Permission for Dental Services

Yes, I give permission for my child to receive dental services offered by the Florida Department of Health in Pasco County at my child's school. I understand that these dental services are being provided by the Florida Department of Health in Pasco County and not by the Pasco County Public Schools.

School:_____ **Teacher:**_____ **Grade:** _____

Name of Child: _____ **Age**: _____
First Middle Initial Last

Date of Birth: _____ **Sex**:_____
Month Day Year

Circle One: Asian Black Hispanic White Other_____

Medicaid # (if any): _____

Child's Social Security Number:_____

Parent/Guardian Name: _____

Parent/Guardian Address: _____
Street City State Zip

Parent/Guardian Phone #'s _____
Home Work Cell

Signature of Parent/Guardian: _____Date: _____

All pages must be completed for your child to be seen. **Complete Reverse Side →**