



Health HUB School Clinic

PO Box 542, South Royalton, VT 05068

Dental Enrollment Form

Dear Families,

The Health HUB Dental Hygiene trailer is scheduled to return to your child's school. The usual dental hygiene services will be provided, including preventative dental cleanings, comprehensive oral evaluation, necessary x-rays, fluoride treatments and sealants (when necessary and upon parent permission). All students are eligible for the services, provided they have NOT had their teeth cleaned elsewhere within the last 6 months, and who are enrolled into the program.

The Health HUB dental services are provided to improve oral health care access so your children can easily maintain their preventative oral health care visits. Private dental insurance, medicaid and cash payment is accepted. It is necessary to provide all of your insurance information on the opposite page to be able to provide care. If your child has had their teeth cleaned within the last 6 months, they will be ineligible for insurance coverage . If you need information on getting your child enrolled for VT Medicaid coverage, please feel free to ask. The fee schedule is posted on the Health HUB website at www.healthhubvt.org, under the dental tab on the left. Please complete the reverse side of this paper ENTIRELY and return to the school secretary or school nurse.

If you have any questions, you may contact the dental hygienist, Samantha, at petronesam@gmail.com.

Thank you for giving your child the opportunity to maintain a healthy, happy smile for a lifetime of wellness!

Dental Enrollment Form

Parent/Guardian: Please complete and return to your school secretary or school nurse.

By signing this form and enrolling my child(ren) in the Health HUB dental program, I understand:

- Treatment performed by the dental hygienist is limited in scope, according to the Vermont Statutes and Rules of dental hygiene scope of practice, and that it does not take the place of a regular dental examination or treatment by a licensed dentist.
- The dental hygienist works collaboratively with the school nurses, dentist offices and other Health HUB providers with whom communication and records may be shared and will be kept confidential.
- Dental records for services provided by the dental hygienist will be reviewed by a Vermont-licensed dentist in which the dental hygienist holds a general supervising agreement with.

Yes, I would like to enroll my child(ren) to receive dental hygiene care with Health HUB. Includes 2 dental cleanings within the year, oral screening, fluoride treatment and necessary x-rays.

Please check if you would like preventative sealants placed on permanent molars, if recommended.

No, I do not wish to enroll my child(ren) to receive dental hygiene care with Health HUB. Please complete bottom, sign and return form with child's name.

Child #1's name _____ Date of birth _____ Grade _____
Medicaid ID/SS# _____ Last dental cleaning _____
Health concerns and medications: _____

Child #2's name _____ Date of birth _____ Grade _____
Medicaid ID/SS# _____ Last dental cleaning _____
Health concerns and medications: _____

Child #3's name _____ Date of birth _____ Grade _____
Medicaid ID/SS# _____ Last dental cleaning _____
Health concerns and medications: _____

Name of Dentist _____

Name of parent/guardian _____

Address _____

City _____ State _____ Zip _____

Daytime phone (_____) _____

Email _____

Signature _____

Date _____