



YUKON CHILDREN'S DENTAL PROGRAM CONSENT FOR EXAMINATION AND PREVENTION SERVICES

ENROLMENT FOR 2023/2024 SCHOOL YEAR

Child's information			
Name of child			Date of birth YYYY/MM/DD
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other: _____			
Address			Postal code
Parent/guardian name	Cell phone	Work phone	Home phone
Parent/guardian name	Cell phone	Work phone	Home phone
Email(s)			

School history		
What school did your child last attend?	What school is your child attending this year?	Grade
Has your child been enrolled in the Yukon Children's Dental Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Medical history	
Is your child currently under a doctor's care for an illness or medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list reason(s): _____	
Is your child currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list medications your child is currently taking: _____	
Has your child ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s) and reason(s): _____	
Does your child smoke or use tobacco related products? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your doctor advised you that your child requires antibiotics before surgery or dental treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Indicate if your child has/had:

<input type="checkbox"/> a reaction to dental treatment	<input type="checkbox"/> a communicable disease (e.g. tuberculosis, sexual transmitted infection, HIV infection)	<input type="checkbox"/> allergies (e.g. food, medicine, latex, bees, milk, silver)
<input type="checkbox"/> rheumatic fever	<input type="checkbox"/> thyroid disease	<input type="checkbox"/> epilepsy
<input type="checkbox"/> heart murmur	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> diabetes
<input type="checkbox"/> abnormal bleeding	<input type="checkbox"/> asthma	<input type="checkbox"/> heart disease
<input type="checkbox"/> cancer (e.g. leukemia)		<input type="checkbox"/> kidney disease
<input type="checkbox"/> liver disease (e.g. hepatitis, jaundice)		

If you answered yes or indicated your child has had any of the conditions listed above, or if your child has (or is being investigated for) a condition or disease not listed above, explain:

To provide a positive dental experience, advise if there are any reasons your child may have difficulties with dental services (disabilities – diagnosed or undiagnosed – or any behavioral struggles). We may contact you or your child's teacher for further information on how we can best provide service to your child:

Are your child's teeth brushed at least 2 times a day? Yes No ... and flossed daily? Yes No

YES, I CONSENT to my child receiving a dental examination by a dentist or dental therapist. As part of the examination, the services listed below may be provided by dental program staff.
YOU MUST INDICATE THE SERVICE(S) YOU CONSENT TO YOUR CHILD RECEIVING:
 x-rays cleaning of teeth sealants fluoride
 Provide any additional notes for the dental program regarding your child's treatment:

Following the dental examination, if your child requires restorative dental treatment (i.e. fillings, extractions etc.) a Consent for Treatment form will be sent to obtain consent prior to providing treatment.
 NO, I DO NOT CONSENT to my child being enrolled in the Yukon Children's Dental Program.

YYYY/MM/DD

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE