

Permission Form Please print in ink. This form is valid for the current school year only.

Your Child's Name (Print): _____

Birthdate: _____

Gender: M F

Name of School: _____

Teacher: _____

Grade: _____

Your child must be eligible and you must provide all of the information requested and then sign your name in the designated area to receive these benefits.

You are eligible if enrolled in the All-Kids Program, qualified for the Free or Reduced Lunch Program, or insured by the Illinois Department of Healthcare and Family Services.

Does your child qualify for free or reduce meals? Yes No

Is your child enrolled in any of the following?

- Molina Illinois All Kids Program
 Meridian Other
 Health Alliance

Child's ID Number If you have one. (Nine digit number on back of Medi-Plan Card) _____

**** Does your child have any medical conditions that requires premedication with an antibiotic prior to dental treatment?**

Yes No **If so, what?** _____

Has your child had any history of or condition related to any of the following?

- Latex Allergy Any Other Allergies? Allergic to What? _____
 Anemia Diabetes Previous Surgery History of Bacterial Endocarditis
 Bleeding Ear Ache ADD or ADHD Artificial Joint
 Epilepsy Seizures Autism Artificial Heart Valve
 Fainting Asthma Behavioral Problems Congenital Heart Disease

Other: _____

List All Current Medications: _____

Parent/Guardian Name (Print): _____

Address: _____

Phone: _____

City: _____

Zip: _____

I am the custodial parent or legal guardian of the minor child named above and give my permission to participate in this program. I also give permission to share this information obtained during this examination with only those agencies necessary to complete appropriate billing and/or to meet the requirements of the State of Illinois and the local school district. I also give permission to share information with those who may provide further treatment.

A representative of HFS may return to your school to check the retention of your child's sealants

Parent/Guardian Signature: _____

Date: _____

**** Parent or guardian must sign for the child to participate**