

Dear Parent/Guardian:

Your child's school has been chosen to take part in a state-wide dental screening. The purpose is to gather information on the dental health needs of children throughout Montana. If you choose to let your child participate, a dentist or dental hygienist will perform a one-minute "smile check". Results will be kept confidential, and your child will not be named in any survey report.

If you do not wish for your child to have a "smile check", please check NO below and return the form to the school.

Sincerely,



Dental Screening

If you do not want your child to have a dental screening, please complete the form below and return it to the school.

Child's Name: _____ Child's Teacher: _____

_____ NO, I do not want my child to receive a dental screening

Parent/Guardian Signature

Date

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