

**Marie H. Katzenbach School for the Deaf
Student Health Center
Consent for Participation in Dental Health Program**

The State of New Jersey supports The Foundation of Dentistry for Persons with Disabilities, a dental health program for special needs individuals. Oral hygiene screenings are provided by dental hygienists. Instruction is given in proper dental care. As part of the program consumers and their parent, residential caregiver, school nurse, or case managers are advised when hygienists identify possible dental problems. Referral assistance for dental care is available.

We encourage each consumer to enroll in the program regardless of whether she/he goes to a dentist regularly. The additional attention to oral hygiene instruction may help prevent dental problems from developing. Please complete this form and indicate below if you want to participate and return form immediately to the facility or school.

Name _____

Address _____

Birth date: _____

Home Phone# **TTY** _____ Home Phone# **Voice** _____

Business phone #. _____

Dentist's name and address: _____

Date of Last Dental Visit _____

Physician's name: _____

Please list any health problems. Please provide details about such diseases as hepatitis, rheumatic fever, or other serious disorders. _____

List any medication taken: _____

Medicaid/HMO Number: _____

I **give** my permission to participate; _____

(Signature of Consumer or Caregiver)

I **do not give** permission to participate. _____

(Signature of Consumer or Caregiver)