



Oral Health Screening Form

During your student's routine vision, hearing, height and weight screenings, Kids in Need of Dentistry (KIND) will provide free oral health screenings. This will involve a quick check in your student's mouth by a Registered Dental Hygienist. If a dental concern is noted, you will be contacted in writing by KIND staff.

If you have any questions or concerns, please contact Julie Collett, RHD at KIND. Her phone number is 303-733-3710, extension 11.

PLEASE NOTE: If you do not select an option or return this form to the school office, your student will be screened.

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Student's Name _____ School ID# _____

Grade _____ School _____

☐ **I DO** want my child to participate in a KIND oral health screening.

☐ **I DO NOT** want my child to participate in a KIND oral health screening.

Signed _____

Relationship to Student _____ Date _____