

Date of birth: _____ Date of screening: 4-10-24 Name of location: Dunmore School District

Welcome to the Geisinger Pediatric Dental Screening Program

What are the details of the no-cost Geisinger Pediatric Dental Screening Program?

1. No-cost pediatric dental screenings, fluoride treatments and dental cleanings will be available on the above date at the above screening location. This program will only screen for problems with your child's teeth and mouth. It is not a complete dental exam, and the results are not a diagnosis. There is no charge for your child to take part. Receiving these services will not impact your child's dental care schedule with your established dental home if you have one already.
2. With your permission, fluoride will be applied to your child's teeth. Fluoride strengthens teeth and prevents tooth decay. Tooth decay is the most common chronic disease found in children. Fluoride should not be applied to the teeth of children who are allergic or may be allergic to it.
3. This dental screening is being done as a community service only and is not meant to form a doctor-patient relationship.

What will happen during the Geisinger pediatric dental screening?

1. Geisinger healthcare professionals will be on hand at the above screening location to screen children for problems with their teeth and mouth.
2. Problems found during the screening will be noted and sent home with your child, along with information about oral health and other resources. Information on getting follow-up care will be included, if necessary.
3. If problems are noted during the screening, we urge you to take your child to the dentist of your choice as soon as possible.

Please select your child's current health insurance plan:

<input type="checkbox"/> AmeriHealth Caritas	<input type="checkbox"/> CHIP, brought to you by GHP Kids	<input type="checkbox"/> Geisinger Health Plan
<input type="checkbox"/> GHP Family (Medicaid)	<input type="checkbox"/> Health Partners	<input type="checkbox"/> Highmark Wholecare
<input type="checkbox"/> Keystone First	<input type="checkbox"/> United	<input type="checkbox"/> UPMC
<input type="checkbox"/> Other _____		<input type="checkbox"/> None

For your child to take part in the Geisinger Pediatric Dental Screening Program you will need to give permission by completing the form below.

As the parent/legal guardian, I agree to the following for: _____

Address: _____

Phone: _____

_____ **Dental screening** _____ **Fluoride treatment** _____ **Dental cleaning**
(initial here) (initial here) (initial here)

Consent:

As indicated by my signature below, I authorize Geisinger Health Plan and/or its affiliates (collectively, "Geisinger") to release my child's screening information to his/her primary care physician and his/her other treating providers whether via electronic medical record, hard copy or another means. I further understand and acknowledge that my authorization does not guarantee my child's screening information will be provided to his/her primary care physician and/or his/her other treating providers.

I understand the Geisinger Pediatric Dental Screening Program is being given by healthcare professionals of Geisinger. I do hereby waive, release and forever discharge Geisinger and its agents, employees, directors, heirs, assigns and insurers from all manner of claims and causes of action, with respect to the application procedure. I understand the screening results may be used in the future for gathering information for scientific purposes, and I agree to this use.

I have read this form in its entirety, and I understand what it says. If I have any questions, they will be answered by staff at the above screening location, who will ask Geisinger staff as needed. I agree no doctor-patient relationship is meant to be formed, and my child's participation in this screening does not create a doctor-patient relationship.

I understand that this Consent shall be effective beginning on the date of my signature set forth below through June 15, 2024.

Parent/guardian signature: _____ Date: _____

Please print name of Parent/guardian: _____