



Please Return whether YES or NO

The Open Arms Free Clinic, Inc. has partnered with the Wisconsin SAS program to provide free preventative dental services to students in their school environment. The SAS team includes Registered Dental Hygienists and Dental Assistants who will bring mobile dental equipment to the collaborating schools. Children in all grades are eligible and there is no cost to participate. Parent/Guardian consent is required for this free service.

Consent Form 2024-2025

Student Name: _____
 First Middle Last

GRADE: _____ School Name: _____

Consent Statement - Please check one:

- Yes, I consent for my child to have care (complete rest of the form)
- No, I do not want my child to have care (just sign below)

If **YES**, you are consenting for your child to be seen by the Open Arms Free Clinic Seal-A-Smile Dental Hygienist in your child's school, please continue to complete this form to the best of your ability.

Parent/Guardian Name: _____

Primary Phone#: _____ Ok to Leave message? Yes No

STUDENT INFORMATION:

Date of Birth (MM/DD/YYYY)	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
Hispanic/Latino/a ethnicity (Check one)	<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Non-Hispanic/Non-Latino/a
Self-reported race: (Check all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native
Dental Insurance:	<input type="checkbox"/> No dental insurance <input type="checkbox"/> Forward Health / Medicaid/ Badgercare <input type="checkbox"/> Private Insurance

By signing below, I certify that the information provided is accurate and true.

Signature: _____ Date: _____