The Tooth Fairies

Registered Dental Hygienist in schools

The Tooth Fairies will soon be visiting your child's school.
THIS FORM MUST BE FILLED OUT FOR EACH CHILD.

- Participating in preventative services is strongly encouraged and does not conflict with any dental care your child may be receiving.
- 4 professional fluoride treatments a year can significantly reduce the risk of cavities.
- Cavities are preventable and we make this experience fun and educational.
- We encourage all children to participate and feel included.
- Only Medicaid is billed, we never bill a parent or private insurance.

Please check **ONE** box:

☐ **Dental screening**.
Puppet Show Presentation
Fluoride varnish in the fall and spring to prevent cavities.
FREE Toothbrushes for your family

How many toothbrushes to bring home: Adult____ Child_____

☐ Dental screening and Puppet Show only. ☐ Puppet Show only, DECLINE dental screening.

Students full legal name: _____Gender: M___F___

Childs Birth date: _____ /_____ / _____

Parent Name: (Please Print) _____Cell Phone: _____

Family Support Specialist Name: _____School: _____

My child has a Provider One card: # __ __ __ __ __ __ __ __ __WA
(Please write your child's # from their Provider One card here)

HEALTH HISTORY
List any medications and allergies _____
Does your child have any **health or behavioral** problems? YES__ NO __

Parent signature: _____**Date**_____
I have read this form, checked a box above and read the HIPPA privacy practices act printed on the back.

Current dentist or clinic name? _____

Treatment being given under this program is not a comprehensive oral health care service, but is provided as a preventive service only. I understand that this assessment does not take the place of an examination by a dentist and that my child should see a dentist once a year. The Tooth Fairies 2024-25 consent form and HIPPA form on the back are valid for 1 year from the date on this consent form.

For questions email Adisa at: KidsTFP@gmail.com or call (425) 835-1900

The Tooth Fairies HIPAA Policy:

The Health Insurance Portability and Accountability Act 1996 (HIPAA) requires all health care records to be kept confidential. The Tooth Fairies adheres to all HIPAA standards, and will provide our Notice of Privacy Practices to all patients at their first appointment. Your signature gives us permission to communicate with school nurses and referral dental offices regarding your child's dental needs.

My signature verifies I understand that my child's and my personal health information is private and protected by the HIPAA Act of 1996.
I also understand:

- This information can be shared only with health care providers and others who are involved with treating me or my child.
- This information can be used when billing insurance companies, DSHS, or other agencies that may pay for these services.
  - A more complete description of these policies is available to me and I may request a copy at any time. • I may request, in writing, that this information not be shared with other health care providers, insurance companies or DSHS.
  - The Tooth Fairies is bound by law to abide by your requests.
- The Tooth Fairies may change its Privacy Practices and I can request a copy of these at any time.