



YUKON CHILDREN'S DENTAL PROGRAM
CONSENT FOR EXAMINATION & PREVENTION SERVICES
 ENROLMENT FOR 2018/2019 SCHOOL YEAR

Name of child _____ Sex F / M Date of birth YYYY/MM/DD
 Address _____ Postal code _____
 Parents'/Guardians' names _____
 Work phone _____ Home phone _____ Work phone _____ Home phone _____
 Email _____

SCHOOL HISTORY

What school did your child last attend? _____
 What school is your child attending this year? _____ Grade _____
 Has your child been enrolled in the Yukon Children's Dental Program before? Yes No

MEDICAL HISTORY

Information contained in this form is collected, used and disclosed in accordance with Yukon's Health Information Privacy and Management Act and other applicable laws. A written statement of Health and Social Services information practices can be viewed at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca.

Is your child currently under a doctor's care for an illness? Yes No
 Is your child currently taking any medications? Yes No
 If yes, please list the medications your child is currently taking: _____
 Has your child ever been hospitalized? Yes No
 If yes, please list date(s) and reason(s): _____
 Does your child smoke or use tobacco related products? Yes No

Indicate if your child has/had:

a reaction to dental treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	liver disease e.g. hepatitis, jaundice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
rheumatic fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No	thyroid disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
heart murmur?	<input type="checkbox"/> Yes <input type="checkbox"/> No	epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
abnormal bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	allergies e.g. food, medicine, latex, bees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	cancer e.g. leukemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a communicable disease e.g. tuberculosis, sexual transmitted infection, HIV infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Has your doctor advised you that your child requires antibiotics before surgery or dental treatment? Yes No
 Is your child pregnant? Yes No

If you answered **Yes** to any of these questions or if your child is currently being investigated for a condition, or if your child has any conditions or diseases not listed above, please explain.

Are your child's teeth brushed at least 2 times a day? Yes No
 Are your child's teeth flossed daily? Yes No

YES, I CONSENT to my child receiving a dental examination by a dentist or dental therapist.
 As part of the examination, the services listed below may be provided by dental program staff.
You must indicate the service(s) you consent to your child receiving:
 x-rays **brushing instruction** **cleaning of teeth** **sealants** **fluoride**

Please provide any additional notes for the dental program regarding your child's treatment:

Following the dental examination, if your child requires restorative dental treatment (i.e. fillings, extractions etc.) a Consent for Treatment form will be sent to obtain consent prior to providing treatment.

NO, I DO NOT CONSENT to my child being enrolled in the Yukon Children's Dental Program.

Signature of parent/legal guardian

YYYY/MM/DD
Date

If you have any questions or concerns, please call the Yukon Children's Dental Program at 667-8360 (1-800-661-0408 extension 8360 toll-free in Yukon).