



Date: _____

Dear Parent/Guardian,

The Butte County Public Health Department will be providing **FREE** dental screenings at _____. This brief screening does not replace routine checkups with your family dentist, but can detect existing problems, which may need treatment.

If you do **NOT** want your child to receive a **FREE** dental screen, please fill out & check the box below and turn it in to the front office. Help your child keep a healthy smile by encouraging daily brushing and flossing and limit sugar-sweetened drinks.

****Please return this form to your child's teacher preferably by _____ ****

NO, I do not want my child to receive a **FREE** Dental Screening

First and Last Name of Student: _____

Grade: _____ Teacher/Room #: _____

Ethnicity (optional): _____

Parent/Guardian Signature: _____