



Santa Barbara County Education Office
Health Linkages
3970 La Colina Rd.
Santa Barbara, CA 93110
(805) 964-4710 ext. 4453
Fax: (805) 682-4646



**Consent and Authorization for
Dental Screenings & Fluoride Varnish Applications**

School /Child Care Program: _____

1. Name of Child: _____ DOB _____

Type of Health Insurance: Medical: _____ Dental _____

2. Name of Child: _____ DOB _____

Type of Health Insurance: Medical: _____ Dental _____

3. Name of Child: _____ DOB _____

Type of Health Insurance: Medical: _____ Dental _____

Name of Parent or Guardian: _____

Provide services during the period of: July 1, 20____ to June 30, 20____

The goal of Health Linkages Program is to improve health outcomes for Santa Barbara County children by identifying health concerns, increasing access to health services, and improving the ability of teachers, childcare providers, and parents to respond to their physical and behavioral issues.

I hereby give permission for the Health Linkages Program to perform the following health services.

- Fluoride varnish application twice a year
- Visual Oral Health Assessment

There is no cost to you: SBCEO Health Linkages Program submits claims through MediCal Billing Technologies, Inc. (MBT) to CenCal Health for fluoride varnish applied to children covered under Medi-Cal. No other insurance companies or health plans are billed; there is no cost to you regardless of insurance status.

The Oral Health Program Manager, Health Advocates and volunteers will apply fluoride varnish. Volunteer dentists will conduct the dental screenings. These screenings are not comprehensive exams and should not take the place of regular checkups. The purpose of the assessment is to look for possible oral health concerns.

I have read the above and it has been explained to my satisfaction. I understand that I can revoke my consent to the screenings, and fluoride varnish application offered by the Health Linkages Program and permission to share information about my child at any time by submitting such request in writing to the Health Linkages Program Office. I acknowledge that I have received a copy of this form.

Signature of Parent, Guardian

Date

* To review copies of these documents, contact the Health Linkages at 964-4710 ext. 4453