

**Beverly Board of Health Dental Clinic – Consent Form**  
Beverly High School, 100 Sohier Rd., Beverly, MA 01915 (978) 921-6060

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
(First) (Last)

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School \_\_\_\_\_ Grade/Teacher \_\_\_\_\_ Previous Beverly School \_\_\_\_\_

MASSHEALTH # \_\_\_\_\_

YES, I give permission for the dental clinic to treat my child, be released from school, transported to the dental clinic by bus.

1. What language is spoken at home? \_\_\_\_\_

2. Doctor's name: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

3. Does your child see a dentist for regular checkups? Dentist's name: \_\_\_\_\_

4. Does your child have any dental complaints at this time? \_\_\_\_\_

5. Please list any medications that your child is taking: \_\_\_\_\_

6. Has a dentist or physician ever told you that your child needs to take antibiotics before dental treatment? \_\_\_\_\_

7. Please circle any illnesses or conditions your child has EVER had:

ADD/ADHD	Diabetes	Hepatitis	Rheumatic Fever	Anemia/Blood Disorder
HIV/AIDS	Epilepsy/Seizures	Heart Murmur	Cardiac Conditions	Allergies to Medicine
Asthma	Kidney/Liver	Tuberculosis	Psychiatric Conditions	

8. Are there any other medical conditions that would help us with your child's treatment? Please provide details: \_\_\_\_\_

9. Does your child have any allergies? *If yes, please circle all that apply:*  
Antibiotics Foods Latex Resins Seasonal Other: \_\_\_\_\_

The Beverly Dental Clinic provides preventive dental care for children who are Beverly residents in grade K-12. The clinic is open when school is in session. Bus transportation is provided for public school children only. To enroll in the program, this consent form must be filled out completely, signed in ink and returned to school. Additional information may be requested. No student may be treated without a signed and completed form.

The Beverly Dental Clinic ONLY provides preventative services performed by a Registered Dental Hygienist and IS NOT a substitute for a dental examination by a dentist. Patients should obtain a dental examination by a dentist within 90 days of an appointment at the Dental Clinic. Preventative services provided include: cleanings, exams, charting, fluoride treatments, sealants and dental health education.

Whereas the dental clinic only provides preventative services, it CAN NOT provide dental emergency services. The parent/guardian is responsible to obtain treatment in the event of a dental emergency.

In all matters pertaining to the operation of the Beverly Dental Clinic and the eligibility of children, the Beverly Board of Health shall have the final authority.

**NOTICE OF NON-DISCRIMINATION**  
All educational and non-academic programs, activities, and employment opportunities at Beverly Public Schools are offered without regard to race, color, sex, religion, national origin, ethnicity, sexual orientation, gender identity, homelessness, age and/or disability and other class or characteristic protected by law.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Signature Relationship to Child

\*By signing this form, you agree to the terms as stated above.

\_\_\_\_\_  
Print Name Daytime Phone Cell Phone