



Address: Rear, Level 1 Clayton Community Centre, 9-15 Cooke St, Clayton 3168 / Ph.: 1300 552 509
ABN: 12 136 877 702

KEEPING KIDS SMILING – FREE DENTAL CHECK-UP

Link Health and Community staff members will be attending **Oakleigh South Primary School**. If you would like your child to participate in our Keeping Kids Smiling session and receive a **FREE** dental check-up, please complete the form provided and return to the class teacher by **19/6/2017**. A post exam form, detailing treatment recommendations, will be sent home with your child on the day of examination.

CHILD'S PERSONAL DETAILS:

Child's First Name: _____

Child's Family Name: _____

Date of Birth: _____ Male / Female: _____ Class Room: _____

Child's Country of Birth: _____ Language spoken at home: _____

Is the child of Aboriginal / Torres Strait Islander origin? Yes _____ No _____

Home Address: _____

Email: _____ Postcode: _____

Home Phone No: _____ Mobile: _____

Medicare Card No: _____ Patient's suffix number: _____ Expiry Date: _____

Concession Card No: (HCC / PC) _____ Expiry Date: _____

MEDICAL HISTORY: Please give details of the following: -

Does your child have any of the following (if yes please provide details on the right):

Allergies	Yes / No	
Medical conditions	Yes / No	
Asthma	Yes / No	
Diabetes	Yes / No	
Heart conditions	Yes / No	
Hospital admissions	Yes / No	
Current medications	Yes / No	
History of dental fear/anxiety (please note: if child displays signs of anxiety, stress or fear, examination will not take place)	Yes / No	

I give permission for my child (name) _____ to receive a dental examination, scale/clean (if required) and an application of fluoride (if required) in the Link Health and Community Dental Van. I declare that the above information is true and correct.

Full Name (Parent/Guardian): _____ Relationship to child: _____

Signature: _____ Date: _____