Santé et Services sociaux Québec

Information letter for parents

SCHOOL-BASED DENTAL SCREENING ACTIVITY

Dear parents,

A dental screening activity will take place at your child's school soon. The activity will be carried out by the public health dental team affiliated with your child's school. Given the context of Covid-19, be assured that we apply and follow prevention instructions and guidelines.

What is school-based dental screening?

School-based dental screening:

- is a visual exam of your child's teeth, without X-rays;
- is done during class time and takes only a few minutes;
- is free.

Why is this activity being carried out?

To determine if your child is eligible for free school-based dental services to help him/her take care of his/her teeth.

Will I be told the results of the dental screening activity?

Yes. The public health dental hygienist will give your child a letter. This letter will tell you the screening results. It will also tell you if your child is eligible for free school-based dental services.

Can I refuse the dental screening activity?

Yes. To refuse the dental screening for your child, you must complete and sign the enclosed form and return it to your child's teacher within the next three days.

Will the information collected be kept confidential?

Yes. All the information collected will be kept confidential at the institution where the public health dental hygienist works. The information may be used to assess and improve school-based dental services.

For more information, please contact the public health dental hygienist.

Public health dental hygienist
Danielle Sigouin
daniellesigouin@ssss.gouv.qc.ca

(2021-10) Reference to the form AH-720A DT9310 "Refusal to participate in the school-based dental screening activity"

Santé et Services sociaux Québec

DT9310

Child's last name	Record no.
First name	
Health insurance number	Year Month Expiry
Year Month Day Sex	
Date of birth ☐ M ☐ F	
Address (no., street)	
City	Postal code

Complete only if you **REFUSE** to allow your child to participate in the dental screening activity

REFUSAL
TO PARTICIPATE IN THE SCHOOL-BASED DENTAL SCREENING ACTIVITY

If you REFUSE to allow your child to participate in the school-based dental screening activity, please complete all the shaded sections in this form and sign and return it to your child's teacher **within the next three days**.

Additional information

Parent's 1 first and last name	Parent's 2 first and last name

Name of school

Teacher's name and group number

I REFUSE to allow my child, _____ ,
(child's first and last name in block letters)

to participate in the school-based dental screening activity carried out by the public health dental hygienist.

Parent's or guardian's first and last names: _____
(in block letters)

Parent's or guardian's telephone numbers:

Home	Office	Cell phone
Area code Number	Area code Number Ext. no.	Area code Number

X _____ Date _____
Parent's or guardian's signature — Year Month Day