First Nations Health Authority
Health through wellness

Children's Oral Health Initiative (COHI)

Consent Form - Child

TO BE COMPLETED BY PARENT, LEGAL GUARDIAN OR AUTHORIZED REPRESENTATIVE Grade _____

Please print the name of the child you are consenting to receive dental services:

_____
CHILD'S LEGAL LAST NAME CHILD'S LEGAL FIRST NAME

DAY: MONTH: YEAR: **20** _____
DATE OF BIRTH REGISTRATION / STATUS NUMBER (10 DIGIT NUMBER)

Gender: ☐ MALE ☐ FEMALE Name of Child's Dentist: _____

HEALTH HISTORY OF THE CHILD NAMED ABOVE

Does the child have any heart problems?	☐ **YES**	☐ **NO**	☐ **DON'T KNOW**
Does the child have any bleeding problems?	☐ **YES**	☐ **NO**	☐ **DON'T KNOW**
Does the child have any allergies?	☐ **YES**	☐ **NO**	☐ **DON'T KNOW**

If yes, please explain: _____

Does the child have any other health conditions?	☐ **YES**	☐ **NO**	☐ **DON'T KNOW**

If yes, please explain: _____

By signing below, I _____ ,

A) give my consent for the child (named above) to receive any of the following dental services as recommended by the COHI dental therapist or dental hygienist:

- screening
- dental sealants
- fluoride varnish
- instruction on healthy dental habits
- temporary fillings (ART/IST)

B) confirm that I have read the description of these COHI services on the reverse of this form and understand the risks and benefits:
☐ YES ☐ NO

C) give my consent for the First Nations Health Authority to collect, use and disclose information about the child for the purposes of the Children's Oral Health Initiative;

D) give my consent for the band to release the child's registration/status number;

E) understand that the personal information of the child is protected under the *Personal Information Protection Act of BC* and the information may only be used or disclosed within the conditions set out in that Act;

F) understand that dental program records and data information may be used by the First Nations Health Authority for management and administration purposes only directly related to the Children's Oral Health Initiative;

G) choose to give my consent voluntarily;

H) understand that this consent will remain in effect while the child is participating in COHI or until it is withdrawn by a parent, legal guardian or authorized representative of the above-named child.

Parent, Legal Guardian or Authorized Representative, please print & sign your name with date & telephone number below:

_____
LAST NAME OF PARENT, LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE / **FIRST NAME** OF PARENT, LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE

_____
SIGNATURE OF PARENT, LEGAL GUARDIAN, AUTHORIZED REPRESENTATIVE PHONE NUMBER DATE (DAY / MONTH / YEAR)