



## Oneida Community Health Center Dental Clinic at School

Dear Parents,

The goal of the Oneida Dental Clinic is to provide a school based dental program that would allow your child to receive preventive dental care without you needing to bring her/him to the Dental Clinic. In order to accomplish this goal, the Dental Clinic, is offering to perform examinations, x-rays, cleanings, fluoride, and sealants for your child enrolled in the Oneida School system.

We realize appointments are hard to get, especially cleaning appointments. So, we hope that with this program your child will receive preventive dental care quicker and more consistently.

Please read the attached form. If you would like your child to be a part of the program, please fill out the form and return it to the school.

\*\*Please note: The procedures are strictly preventive in nature. **No other dental care** will be performed on your child in the school based program. If your child is in need of further dental treatment, you will be informed and contacted by the Oneida Dental Clinic.

**Your child must be registered at the Oneida Community Health Center in order to be seen in the schools.**

Thank You,

The Oneida Dental Staff

CDHC Parent Letter 3.21.18

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494



## 2024-2025 SCHOOL DENTAL CARE CONSENT FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date: \_\_\_\_\_ ( ) Male / ( ) Female Tribal Affiliation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Emergency Contact Person/Phone #: \_\_\_\_\_

**Medical History: Check all that apply** ( ) Anemia ( ) Asthma ( ) Bleeding problems ( ) Diabetes ( ) HIV+  
( ) Heart condition ( ) Hepatitis ( ) Latex Allergy ( ) Rheumatic Fever ( ) Seizures ( ) Tuberculosis  
Other: \_\_\_\_\_

List current medications: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Has your child had any serious illnesses, injuries or operations? \_\_\_\_\_

Is there any other information we should know about your child's health or special needs? ( ) No ( ) Yes  
\_\_\_\_\_

Dental Insurance: ( ) No ( ) Yes Name: \_\_\_\_\_ ( ) No Insurance  
( ) Medical Assistance / BadgerCare / Forward Health

### Please read carefully:

- \_\_\_\_\_ **No, I do not want my child to participate in the Dental Prevention Program at Oneida Nation Schools.**
- \_\_\_\_\_ Yes, I give consent for my child to participate in the Dental Prevention Program to be conducted by the OCHC Dental Clinic.
- \_\_\_\_\_ Yes, I have answered the medical history questions on this form correctly and completely, to the best of my knowledge.
- \_\_\_\_\_ Yes, I give permission for my child to receive any preventive and diagnostic treatment, including an Examination, x-rays films, dental cleaning, fluoride treatment and sealants as deemed necessary by the OCHC dental Staff.
- \_\_\_\_\_ Yes, I agree to seek any follow-up care my child may need from the OCHC Dental Clinic or dentist of my choice.
- \_\_\_\_\_ Yes, I understand that I will not receive a bill for any dental services proved by the dental prevention Program at Oneida Nation School, however, the OCHC will bill my insurance, if applicable.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Phone #

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>

Oneida Community Health Center  
Behavioral Health Services  
Anna John Resident Centered Care Community  
Employee Health Nursing

525 Airport Rd., Oneida, WI 54155  
2640 West Point Rd., Green Bay, WI 54304  
2901 S. Overland Rd., Oneida, WI 54155  
701 Packerland Dr., Green Bay, WI 54303

Phone: (920) 869-2711 or 1-866-869-2711  
Phone: (920) 490-3790 or 1-888-490-2457  
Phone: (920) 869-2797  
Phone: (920) 405-4492

Fax: (920) 869-1780  
Fax: (920) 490-3883  
Fax: (920) 869-3238  
Fax: (920) 405-4494