

# FREE DENTIST VISITS for students 13-18 years old

Dear parent/ guardian & student

**Revive A Smile Dental Clinic** will be at your school this year providing **FREE** dental check-ups and treatment to all 13-18 year olds. We are committed to improving the oral health of Hamilton's youth and would like to invite you to join us in making this happen. To register with us please fill in the consent form on the other side of this letter and the attached enrolment form and either return to your school office or post/email back to us.

Our practice offers a range of dental services by New Zealand trained and qualified dentists. At their first visit with us your child will get a complete **dental check-up** oral health education and a **FREE oral health care pack** (toothbrush, toothpaste, floss).

Once your child is 18 they will receive a **FREE gift voucher** for a further check-up. Our clinic is also unique in that we run a charity programme for adults (18+ years). If you have a community services card you are likely eligible for free dental care. Please contact us for an adult application pack. We look forward to taking care of your family's dental needs.

Need more information?

Phone or txt 022 677 2301 or email [reviveasmile@gmail.com](mailto:reviveasmile@gmail.com)



## REVIVE A SMILE FREE DENTAL SERVICE IS IN YOUR COMMUNITY

# Revive A Smile Dental Clinic Consent Form

Please fill in this & the attached enrolment form and return to the School Office or post/email to Revive A Smile (PO Box 21053 Hamilton, reviveasmile@gmail.com)

Male  
 Female

Child's last name \_\_\_\_\_

Child's first name (and preferred name) \_\_\_\_\_ Child's previous last name (if applicable) \_\_\_\_\_

Child's middle name \_\_\_\_\_ NHI number (if known) \_\_\_\_\_

Child's date of birth (dd/mm/yy) \_\_\_\_\_ Place/country of birth \_\_\_\_\_

NZ citizen/resident entitled to free health care?  Yes  No  Don't know

Street address and suburb \_\_\_\_\_

Town/city \_\_\_\_\_ Post code \_\_\_\_\_

**Ethnic origin:**  
 NZ European / Pakeha  Other: \_\_\_\_\_ (specify here) \_\_\_\_\_

Current School/ School will be attending \_\_\_\_\_

Other children's names in family group \_\_\_\_\_

**Parent/ Guardian details:**  
 First and last name \_\_\_\_\_ last name \_\_\_\_\_

Street address and suburb \_\_\_\_\_

Town/city \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mobile phone \_\_\_\_\_ Email address \_\_\_\_\_

Consent remains valid while your child attends Revive A Smile Dental. Please fill this form as well as the bottom section of the attached enrolment form. Consent can be withdrawn by contacting us. For children under 16 years of age, consent must be given by parent/guardian. If you are 16 years or older you can complete and sign both forms yourself.

# Revive A Smile Dental Clinic Consent to regular dental checks

**Yes**  I GIVE CONSENT FOR FREE REGULAR DENTAL CHECKS

I **AGREE** to having regular dental checks with xrays as needed. I understand that I have the right to change this consent at any time. I understand this consent is for dental checks only. Any other care will be by further consent.

**Medical history:**

Some medical conditions and medicines can affect dental care. To help us take good care of your child please tick if your child has had, or is suffering from any of the following:

- Nothing of note  
 Allergy  
 Asthma  
 Bleeding disorder  
 Diabetes  
 Epilepsy  
 Heart condition  
 Hepatitis  
 HIV/Aids  
 Rheumatic fever

Family doctor's name/medical practice \_\_\_\_\_

Health issues/concerns/medication \_\_\_\_\_

Parent / guardian (print first and last name) \_\_\_\_\_ Relationship to child:  Mother  Father  Parental guardian

Signature parent/ guardian if under 16 yrs) \_\_\_\_\_ Today's date (dd/mm/yy) \_\_\_\_\_

**No**  THIS CHILD IS NOT ELIGIBLE FOR FREE DENTAL CARE  
 I DO NOT AGREE to this child having regular dental checks. I understand that I have the right to change this consent at any time.

Parent / guardian (print first and last name) \_\_\_\_\_ Relationship to child:  Mother  Father  Parental guardian  
 Signature \_\_\_\_\_ Today's date (dd/mm/yy) \_\_\_\_\_

**Please fill in this & the attached enrolment form and return to School Office or post/email to Revive A Smile (PO Box 21053, Hamilton, reviveasmile@gmail.com)**  
 The information you provide will be kept confidential. Use of and access to the information is covered by the Health Information Privacy Code. If you wish to see this information, or correct any details, please phone 022 677 2301.