CAPE COD COMMUNITY COLLEGE DENTAL HYGIENE PROGRAM

Patient/Student Name_____

I_____(parent name/court appointed guardian) give permission for my child to receive any of the following services provided by the dental hygiene students from Cape Cod Community College. The following services will be provided free of charge: dental screening, oral hygiene instruction, dental prophylaxis/cleaning, fluoride treatment, fluoride varnish and dental sealants as needed.

If you do not want your child to participate in any of the above services, please specify:_____.

Parent/Court Appointed Guardian Signature_____

Date_____