

## IMPORTANT INFORMATION FOR PARENTS & CAREGIVERS

All dental care except orthodontic treatment is provided free.

Enrolment means that your child will receive regular dental examinations, dental xrays and preventive care as required without further notice.

Some dental materials used may contain milk protein. Please alert us of any allergies your child has.

### **Dental X-Ray**

An x-ray machine takes a small close-up picture of teeth and allows unseen decay to be detected. An x-ray also checks the presence and position of teeth.

### ***Preventive Care may include:***

#### **Cleaning**

Cleaning is removing plaque and calculus deposits on teeth. Plaque and calculus deposits left on teeth can make gums unhealthy.

#### **Fissure Sealants**

Fissure Sealants are a coating applied to deep grooves of back teeth. The coating, which can be pink or white in colour, fills the grooves so that the tooth is smooth, easier to clean and less likely to decay.

#### **Fluoride Varnish**

Fluoride Varnish is placed on parts of the teeth that show signs of early decay. Fluoride Varnish may be painted on these teeth every 6 months and can strengthen enamel.

***\* If you do not want your child to have regular examinations, xrays or preventive care,***

**Please Ring:**

**0800 TALK TEETH (0800 825 583)**

or contact your nearest Community Dental Clinic.

**Any additional treatments, other than a dental examination, xray and preventive care, will require further consent.**

As your child grows, we'll work with you to assess and treat their changing dental needs.

This service provided by the Auckland Regional Dental Service, is free (excluding orthodontic treatment) from birth up until your child's 18th birthday.

## Healthy Smiles, Healthy Lives



The first tooth will grow when baby is 4-6 months old.



Start cleaning with gauze then later use a soft cloth or a child's toothbrush.



A smear of fluoride toothpaste is recommended until 5 years old. From 6 years a pea-sized amount should be used



Give your baby water or milk to drink - too many sweetened drinks and fruit juice in bottles will cause tooth decay.



Sweetened food or honey on baby's dummy will cause decay.



Give your baby snacks like fruit, vegetables, cheese.



Begin dental visits early.

## *A Smile Lasts a Lifetime*

**For a list of Clinics in your area:**

*Auckland Regional Dental Service*

*Private Bag 93-115*

*Henderson, 0650*

*Waitakere City*

**0800 TALK TEETH (0800 825 583)**

**[www.ards.co.nz](http://www.ards.co.nz)**

# PARENT / GUARDIAN CONSENT FOR EXAMINATION, XRAY CLEANING, AND PREVENTIVE CARE.

Male     Female   
 Child's Date of Birth    
 NHI Number

Child's First Name (legal given name)    
 Also Known As

Child's Family Name (legal surname)    
 Child's Middle Name(s)

Contact Address

Home Phone    
 Work Phone    
 Mobile Phone (Parent/Guardian)

Email Address (Parent/Guardian)

Brother's / Sister's Name/s and Date/s of Birth

Name	DOB	Name	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current School / Preschool

**Ethnicity**  
Which ethnic group does this child belong to?  
Tick the space or spaces that apply

New Zealand European   
  Māori   
  Fijian   
  Samoan   
  South East Asian   
  Cook Island Māori   
  Middle Eastern   
  Tongan   
  Latin American / Hispanic   
  Niuean   
  Chinese   
  African   
  Indian   
  Tokelauan   
  Other (Such as Dutch, Japanese etc.)

**NZ Residency Status**

New Zealand Citizen  
*Please include a copy of your child's Passport or birth certificate*

Other  
*Please include a copy of parent/guardian's Passport(s) photo page(s), including relevant Visa details page(s).*

- and -

*Please include one of the following:*

- A copy of your child's Passport photo page, including relevant Visa details page, or
- A copy of your child's birth certificate.

I have enclosed the above requested documents with this form.

For more information on eligibility please visit [www.moh.govt.nz/eligibility](http://www.moh.govt.nz/eligibility), or call 0800 825583

Office use only:

**MEDICAL HISTORY**

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

Rheumatic Fever     Asthma     Latex Allergy     Bleeding Conditions   
 Heart Conditions     Epilepsy     Diabetes     None of the above

Current Medications & Other Conditions/ Allergies   
 Comments

Permission to contact your Doctor/Practice if necessary  Yes  No  
 Doctor/Practice Name     Doctor/Practice Number

Please alert us if there are changes to any of the above.

**CONSENT FOR SERVICES PROVIDED**



I **AGREE** to this child receiving regular:

- Examinations and dental xrays as required
- Cleaning and scaling
- Fissure Sealant
- Fluoride Varnish

I understand that I have the right to change this consent at any time.  
Please ring 0800 TALKTEETH (0800 825 583)

**Any additional treatments will require further consent.**

Comments

Print Family Name (Parent/Guardian)    
 Today's Date  /  /  20

Print First name (Parent/Guardian)    
 day    month    year

Signature (Parent/Guardian if child under 16yrs)    
 Relationship to Child

**DO NOT CONSENT**



I **DO NOT AGREE** to this child receiving dental services from the Auckland Regional Dental Service.

Print Family Name (Parent/Guardian)    
 Today's Date  /  /  20

Print First name (Parent/Guardian)    
 day    month    year

Signature (Parent/Guardian if child under 16yrs)    
 Relationship to Child:

Tooth decay is a preventable disease. Together, we can care for your child's teeth. Here are some ways you can help:

- USE FLUORIDATED TOOTHPASTE
- BRUSH TEETH AT LEAST TWICE A DAY
- FLOSS ONCE PER DAY
- CHOOSE SUGAR-FREE SNACKS AND DRINKS
- CHOOSE WATER FIRST



Please write any comments for the Therapist here

Office Use:

**PLEASE FILL IN AND RETURN THIS FORM TO THE SCHOOL DENTAL CLINIC or SCHOOL OFFICE**

The information you give us about your child will be kept by the Auckland Regional Dental Service and may be shared with other health professionals. Use of and access to the information is covered by the Health Information Privacy Code. If you want to see this information or correct any details contact:

**(09) 839 0565**

Auckland Regional Dental Service  
Private Bag 93-115, Henderson 0650, Auckland

Website: [www.ards.co.nz](http://www.ards.co.nz)

Email: [ards@waitematadhb.govt.nz](mailto:ards@waitematadhb.govt.nz)

**ARDS** 

**ENROL YOUR CHILD FOR FREE**

# Auckland Regional Dental Service

*Free Community Dental Service*

**ENROLMENT AND CONSENT FORM**



***A Smile Lasts a Lifetime***

**(09) 839 0565**

Website: [www.ards.co.nz](http://www.ards.co.nz)