

NSW Health Primary School Mobile Dental Program

5 February 2021

During term 1, all Fairfield West Public School students will have the opportunity to participate in the NSW Health Primary School Mobile Dental Program. From 29-31 March 2021, a NSW Health Dental van will be visiting our school and providing free dental health checks for all students. Students will receive a dental check-up and dental clean, as well as extra dental care if needed.

There is **no cost** for students to participate in this program.

All information regarding the program can be found in the NSW Health Primary School Mobile Dental Program envelope that your child received today. If you would like your child to participate in the program and receive a **free** dental health check-up, please complete:

- o Child Dental Benefits Schedule Bulk Billing Patient consent form
- o NSW Health Mobile Dental Program Treatment consent form

This is a consent form from the Australian Government Department of Health. It is titled 'CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM'. The form contains several sections:

- 1. The patient:** A section for identifying the patient, including their name, date of birth, and address.
- 2. The service:** A section for identifying the service, including the date of service and the name of the dental practitioner.
- 3. Consent:** A section where the patient or their parent/guardian provides consent for the service. It includes a statement: 'I understand that the patient will only have access to dental benefits if up to the benefit cap.' and another: 'I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand it will need to be personally used for the cost of any services not covered by the Child Dental Benefits Schedule.' and a final: 'I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.'
- 4. Signature and Date:** A section for the patient's signature and date, and the parent/guardian's signature and date.

This is a treatment consent form from NSW Health. It is titled 'NSW Health Primary School Mobile Dental Program Treatment Consent Form'. The form contains several sections:

- Student details:** A section for identifying the student, including their name, date of birth, and address.
- Parent/Guardian details:** A section for identifying the parent/guardian, including their name, date of birth, and address.
- Consent:** A section where the parent/guardian provides consent for the service. It includes a statement: 'I understand that the patient will only have access to dental benefits if up to the benefit cap.' and another: 'I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand it will need to be personally used for the cost of any services not covered by the Child Dental Benefits Schedule.' and a final: 'I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.'
- Signature and Date:** A section for the patient's signature and date, and the parent/guardian's signature and date.

Completed forms must be returned to your child's classroom teacher by **Thursday, 18 February 2021**.

Kind regards


 Genelle Goldfinch
 Principal



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