

## ORAL HEALTH PARTNERSHIP PERMISSION, CERTIFICATION AND RELEASE

**INSTRUCTIONS:** Complete each section below and return this form to your child's school. A copy of this form must be on file with Green Bay Area Public School District prior to service delivery in a District school or clinic.

Student Name:	D.O.B.:
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### Permission to Treat

The above-named student has my permission to receive dental services from the Oral Health Partnership while enrolled as a student in the Green Bay Area Public School District during the academic day. Oral Health Partnership staff will work with school staff to determine the least disruptive time to deliver services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Voluntary Authorization to Obtain and Disclose Information

I, the undersigned, hereby authorize the Green Bay Area Public School District to disclose to the Oral Health Partnership by any means (e.g., verbal, written or electronic) the following records regarding the above-named student: student schedule, name of teacher, and student's location during the school day for purposes of locating student to provide dental services. I understand that the information is requested for the purpose of delivery of dental services. I understand that I have a right to a copy of the records that are disclosed and a right to a copy of this authorization (a fee for education record copies may be imposed). I understand that my authorization is voluntary.

**Withdrawal of Authorization** – I understand that I have a right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the individual/agency that is releasing information.

***This permission is valid for the duration that the above-named student is enrolled in the Green Bay Area Public School District.*** A copy of this form is as effective as the original. I certify that I am the parent or legal guardian of the above-named student, or that I am the student and of majority age and have authority to sign this release.

Signature (Parent/Legal Guardian)	Date	Signature (Student – if applicable)	Date
Print Name (Parent/Guardian)		Relationship to Student (parent, legal guardian, personal representative or adult student)	

cc: Parent/Legal Guardian  
Student Cumulative File (Consent Folder)