

Consent form

The Victorian Government school dental program – Smile Squad – is visiting your school soon.

This means all students can get a free dental check-up, preventive services, and treatment at school.

For more information, or if you need help to fill in the forms:

- Email: smilesquad@dhsv.org.au
- Phone: 1300 503 977
- Visit: www.smilesquad.vic.gov.au

What you need to do:

- 1** **Read** the Smile Squad information sheet
- 2** **Fill in** and sign the forms in English (pages 4-10)
- 3** **Return** the forms as soon as possible. Place your completed forms in the envelope provided and return this to the school.
- 4** **Keep** the remaining information in this pack for future reference.

Please complete all forms using BLOCK CAPITALS.



This consent form is available to read in other languages.
Please submit the English version.

Visit: www.smilesquad.vic.gov.au/consent



**Choose fresh foods and
limit sugary foods, drinks
and sweets**



**Brush morning and
night with fluoride
toothpaste**



**Drink plenty
of tap water**

Smile Squad information sheet

Everyone deserves a healthy smile.

Tooth decay is the most common childhood disease in Australia, but it can be prevented. Regular dental check-ups can find and manage problems early.

Dental services

Smile Squad provides free dental services to students at school during school hours. This includes any general treatment that is needed.

Smile Squad staff include oral health therapists, dental therapists, oral health educators, dental assistants, and dentists.

Do I need to pay anything?

No. This is a free service for all students, provided by the Victorian Government.

What happens at the examination (check-up)?

A full dental examination includes a check of a student's teeth, gums, jaw and the mouth.

If you give consent, the following services might be provided:

Service	Description
Tooth cleaning	A clean of the teeth to remove calculus (hard plaque) or tough stains
Dental x-rays	X-rays (usually one for each side of the mouth) help to see what is happening under the gums and inside the teeth
Fluoride varnish	Fluoride varnish is painted onto all teeth every six months to help prevent tooth decay
Fissure sealants	A coating painted onto molar teeth to help prevent tooth decay. Some fissure sealant materials contain fluoride

If extra treatment is needed, Smile Squad will discuss this and seek consent.

Smile Squad will only provide preventive services that will benefit a student.

Who can provide consent?

Parents, legal guardians, carers or mature minors may complete these forms and provide consent for examination.

Whilst the engagement of parents/guardians is encouraged, in Victoria, children who are considered 'mature minors' may provide consent for their own dental care. The law recognises that as children become older and more mature, they are more capable of making their own decisions, including seeking and obtaining their own health care.

To be considered a mature minor, the Smile Squad clinician must be satisfied that the student has sufficient understanding of the risks, benefits, and possible complications of their condition and proposed treatment to give informed consent. A student may be considered capable of making some dental treatment decisions but not others. Where a secondary school aged student isn't considered to be a mature minor by the dental clinician, they will seek parent/guardian consent.

If you have any questions, please speak with your Smile Squad provider.

Do parents, legal guardians or carers have to attend a student's appointment?

Parents, legal guardians, or carers are welcome to attend if they want to, but this is not a requirement. Please tick the box on the student details page to let us know you'd like to attend.

If more treatment is needed, we might ask a parent, legal guardian, or carer to come to the appointment.

What if a student has had dental treatment recently?

If a student has had a recent dental visit they can be seen again by Smile Squad. They may not need x-rays and other preventive services.

Smile Squad can become a student's regular dental provider. We will visit your school every year - more often for those students who need it.

What if a student is away from school during the Smile Squad visit?

If a student is away from school, we will see them another day or they can visit us at their local community dental agency.

Find your nearest community dental clinic at: <https://www.dhsv.org.au/our-services/find-dental-clinics/clinic-search>

Smile Squad information sheet

Child Dental Benefits Schedule (CDBS)

What is the Child Dental Benefits Schedule (CDBS)?

The Australian Child Dental Benefits Schedule (CDBS) is a dental benefits program that provides eligible 0–17-year-olds basic dental care over a two-year period.

Smile Squad will use CDBS for eligible students.

We will make a claim on your behalf for CDBS if you sign the consent form in this pack.

What if a student is not eligible for CDBS or Medicare?

Every student will still receive free dental care. All students in government schools are eligible to see Smile Squad. There are no out-of-pocket costs.

Privacy

Smile Squad is a Victorian Government program. Dental Health Services Victoria (DHSV) is delivering this program in partnership with community dental agencies.

Smile Squad will protect your privacy. They will keep your personal and health information confidential and secure. Smile Squad will store, maintain, and use this information so it meets high standards set by the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

We respect these laws and guidelines. They tell us when and how to collect, use, handle and destroy all personal and health information.

Smile Squad will only collect personal and health information that is necessary. Smile Squad may need to collect extra information during visits. We do this to come up with the best care plan possible.

We will collect information and store it in a student's dental record. Authorised Smile Squad personnel (from DHSV and Victorian community dental agencies) have access to this.

We will primarily use and share a student's personal and health information to:

- determine a student's dental needs, and
- provide dental care and treatment to them.

At certain times we will collect data and feedback for Smile Squad evaluation purposes and to improve our services. We will keep your identity anonymous for this.

We will remove any identifying information. We will need to share anonymised information between government agencies like DHSV, Department of Education and Training, and Department of Health. We will do this so we can learn together about the oral health of all students at school in Victoria.

Smile Squad may use or disclose a student's health information, in other circumstances, if required or permitted by law.

You may access your dental record by contacting Smile Squad. In some cases, the Freedom of Information (FOI) process may be appropriate. A copy of the DHSV privacy statement is available on the DHSV website at: <https://www.dhsv.org.au/privacy>

In some circumstances, Smile Squad may share information with a student's school if this is necessary to support their safety, health, and wellbeing. Information about a student that the school collects or receives in connection with the Smile Squad program will be used and managed in accordance with the school's privacy policy, available from the school.

A student's school may also share information that the school already has with Smile Squad if this is needed to support a student's safety, health, and wellbeing during their appointment.

Rights and responsibilities

A copy of your healthcare rights is available on the Australian Commission on Safety and Quality in Health Care website.

Feedback

Please tell us what you think (good or bad), at any time. You can email feedback to smilesquad@dhsv.org.au

SAMPLE

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Sign this consent form to take part in Smile Squad

Office use only

DR number: _____

School name: _____

Grade / class: _____
(e.g. 2B)

Student's full name: _____

Student's date of birth: ___ / ___ / ___

I give consent for _____ to participate in the Smile Squad school dental program.
(student's name)

The student can receive the following services at their school, during class time:

Dental examination Yes No
(check-up)

Note: you must say yes to a dental check-up before any other services can be provided

X-rays of teeth Yes No

Fluoride varnish* Yes No

Fissure sealants Yes No

Tooth cleaning Yes No

*Varnish products may not be suitable if a student has an allergy to band-aids, colophony, rosin, milk protein (casein), or has severe asthma. Please let us know below.

We are training the next generation of oral health professionals. Students might be seen by a dental/oral health student working under supervision of a qualified Smile Squad clinician.

Do you consent for the student to be seen by a dental/oral health student?

Yes No

I agree that I have, to the best of my knowledge, provided Smile Squad with all the relevant health and personal information that is required to provide appropriate care.

In giving consent, I agree that I have read this consent form and the Smile Squad information sheet. I have enough information to understand the following:

Dental services

The types of dental services offered by Smile Squad, including the benefits and risks involved, where the services will take place, and who will be providing them.

Care after dental services

A Smile Squad clinician or school staff may contact a parent, legal guardian, or carer if a student becomes unwell at school after receiving dental services, or if they require additional care that cannot be managed at school.

Bulk-billing patient consent

I will not pay any out-of-pocket costs for services provided by Smile Squad.

Privacy

I have read and understood the privacy information in this pack and acknowledge how the program will manage student healthcare information.

Parent/guardian/student* signature: _____

Parent/guardian/student* full name: _____ Date: ___ / ___ / ___

* Students aged 18 years and over, and those who are considered a mature minor for the purpose of accessing dental services can consent for themselves. This consent is valid for 12 months from the date it is signed.

Bulk-billing patient consent

Medicare requires we provide the below information to you. If you use CDBS these amounts get taken from your CDBS benefit cap:

Service	CDBS bulk-billed fee	How much you pay
Dental examination (check-up)	\$55.40	\$0.00
X-rays of teeth (if needed)	\$32.05 per x-ray	\$0.00
Fissure sealants (if needed)	\$48.45 (at most) per tooth	\$0.00
Tooth cleaning (if needed)	\$94.35 (at most) depending on level of cleaning needed	\$0.00
Fluoride varnish application to all teeth (if needed)	\$36.35 per application (up to two applications within 12 months)	\$0.00

Student details

School name: _____

Grade / class: _____
(e.g. 2B)

Student details

First name: _____

Family name: _____

Sex: Male Female Other

Date of birth: ___ / ___ / ___

Address: _____

Suburb: _____

Postcode: _____

If you are a student consenting for yourself, please include:

Mobile number: _____

Email: _____

Parent/guardian details

Additional parent/guardian details (optional)

First name: _____

First name: _____

Family name: _____

Family name: _____

Relationship to student: _____

Relationship to student: _____

Mobile number: _____

Mobile number: _____

Email: _____

Email: _____

I am a parent or guardian and would like to attend my child's appointment

Is the student Aboriginal or Torres Strait Islander?

Is the student an asylum seeker or refugee?

- No, neither Aboriginal nor Torres Strait Islander
- Aboriginal
- Torres Strait Islander
- Aboriginal and Torres Strait Islander
- Prefer not to say

- No, neither asylum seeker nor refugee
- Refugee
- Asylum seeker
- Prefer not to say

If the student does not have a Medicare card, please leave this section blank.

Medicare card number:

Individual reference number:

Expiry date: /



Is an interpreter required? Yes No

Preferred language: _____

Was the student born in Australia? Yes No, what country were they born in? _____

Sign the *bulk-billing patient consent* form to allow Smile Squad to claim costs under Medicare



Australian Government
Department of Health

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap.

I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.

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.

Patient's Medicare number

Patient / legal guardian signature

Patient's full name

Full name of person signing
(if not the patient)

Date

This form is valid up to 31 December of the calendar year for which it is signed.

Medical questionnaire

Student's full name: _____

Date of birth: ___ / ___ / ___

We ask about these medical conditions as they can impact on a student's dental health or the dental care we provide. We realise that some of these questions are very personal. Please provide information to the best of your knowledge.

I have personal information that I do not wish to write down. I would prefer to speak confidentially with a Smile Squad staff member about this. Please tick box if this applies

Does the student have any allergies?

This includes food, medicines, and/or products. e.g. latex, band-aids, colophony, rosin, milk protein (casein)

Yes No

If yes, please provide details:

Has the student been admitted to hospital for severe asthma in the last six months?

Yes No

If yes, please provide details:

Is the student currently taking any medications?

This includes using an asthma inhaler/puffer

Yes No

If yes, please provide details:

Does the student have any conditions or disabilities we need to consider when providing their treatment?

e.g. physical disability (including requiring wheelchair access); sensory or intellectual disability; mental health or psychological condition

Yes No

If yes, please provide details:

Medical questionnaire

Student's full name: _____

Date of birth: ___ / ___ / ___

Please tick if the student has ever had any of the following:

Respiratory disease

e.g. asthma, lung disease, TB

Yes No

Heart condition or heart murmur

Yes No

Heart surgery

e.g. artificial heart valve, pacemaker

Yes No

Rheumatic fever

Yes No

Low or high blood pressure

Yes No

Treatment for cancer, including chemotherapy or radiation therapy Yes No

Excessive bleeding or blood disorder Yes No

Other surgery Yes No

e.g. transplant, artificial joint

Injury to head, neck or spine Yes No

Seizures or epilepsy Yes No

Chronic medical condition Yes No

e.g. stroke, arthritis

Diabetes Yes No

What type? _____

Kidney disease Yes No

Liver disease Yes No

Human papillomavirus (HPV) vaccine (offered to students in year 7 as part of the National Immunisation Program) Yes No Not applicable

Is the student or could the student be pregnant? Yes No Not applicable

Does the student use tobacco products (smoking)? Yes No Not applicable

Does the student use e-cigarettes (vaping)? Yes No Not applicable

Does the student drink alcohol? Yes No Not applicable

If you have ticked yes to any of the above, please give further details: _____

Oral health questionnaire - Part 1

Student's full name: _____

Date of birth: ___ / ___ / ____

Your answers to these questions help Smile Squad understand if there are any aspects of the mouth that concern you. It will help us focus on the things that matter most to you.

Are you concerned that the student ...

Has **pain** in their mouth? (e.g. trouble sleeping because of a problem with teeth) Yes No

Has **trouble eating or drinking** because of a problem with their teeth or mouth? Yes No

Has **trouble speaking** clearly because of a problem with their teeth or mouth? Yes No

Has **missed school or other activities** because of a problem with their teeth or mouth? Yes No

Doesn't smile, laugh or show teeth around other students because of a problem with their teeth or mouth? Yes No

Has **any other problems** with their teeth or mouth? Yes No

If you have ticked yes to any of the above, please give further details:

Your answers to these questions help us understand each student's dental experiences.

Has the student had their teeth checked before? Yes - private dental clinic No
 Yes - public/community dental clinic
 Yes - other/not sure

Date of last visit, if known: ___ / ___ / ___

Is the student currently under the care of a dental specialist? e.g. orthodontist Yes Name and address of your dental specialist: _____ No

Does the student have any fears or sensitivities, or negative experiences during or after previous dental visits we should know about? Yes Please give details: _____ No
_____ I'm not sure

Do you have any strategies or supports to help cope better in new situations? e.g. favourite toy, iPhone app, book Yes Please give details: _____ No
_____ I'm not sure

Is there anything else you would like us to know before we check the student's teeth and mouth? Yes Please give details: _____ No

In the last six months, have any of these stopped the student from getting dental care? Distance to nearest dental clinic No
 Cost
 Other reason - please give details: _____

Oral health questionnaire - Part 2

Student's full name: _____

Date of birth: ___/___/___

As well as checking teeth, Smile Squad can work out if a student is likely to get tooth decay in the future. We do this by looking at a student's current oral health, any previous treatment, and their eating, drinking and brushing habits. **Your answers to these questions help us develop the best plan to help keep teeth healthy into the future.**

Has the student had any teeth filled or pulled out due to tooth decay in the past three years? Yes No I'm not sure If yes, please give details: _____

Does the student wear an appliance in their mouth? e.g. orthodontic plate, retainer, night guard, denture or mouthguard Yes No If yes, please give details: _____

Does the student play sport(s)? Yes No If yes, please give details: _____

How often does the student eat sugary snacks in between meals? Three or more times a day A few times a week Once or twice a day Almost never

How often does the student drink fruit juice or sugar-sweetened drinks? Three or more times a day A few times a week Once or twice a day Almost never

What type of water does the student drink at home? Tap (unfiltered) Bottled Rainwater tank or bore Other (e.g. filtered water)

How often does the student brush their teeth with toothpaste? Once a day (morning) Less than once a day Once a day (evening) More than twice a day Twice a day

What type of toothpaste does the student use? Standard fluoride toothpaste Non-fluoride toothpaste Children's fluoride toothpaste Don't know/not sure

What does the student usually do after tooth brushing? Spit out the toothpaste Swallow the toothpaste Rinse and spit Rinse and swallow

Has the student had fluoride applied to their teeth at a dental clinic in the last six months? Yes No I'm not sure If yes, please give details: _____

Does any family member or person living in the same house as the student have significant problems with their teeth and/or gums? Yes No I'm not sure

Does a parent or other adult help the student brush their teeth? Yes No Not applicable

If yes to the above question, what type of help is given? Put toothpaste on brush and brush their teeth Put toothpaste on brush only Watch and give advice Other (please provide detail): _____

Office use only	<input type="checkbox"/> Complete	Date: / /	Initials:
	<input type="checkbox"/> Followed-up	Date: / /	Initials:

What do these dental services mean?

Smile Squad will only provide services if a student will benefit from them.

Dental examination (check-up)

A dental check-up includes a check of teeth, gums, jaw and the mouth.

Benefits: Check-ups are the best way to find problems early. Once we know what is happening, we can plan for follow-up care or treatment.

Without a check-up: We cannot identify problems. If untreated, problems could get worse.

Risks: There are no likely risks.

X-rays of teeth

An x-ray machine uses radiation to create a picture of what is happening inside the body.

We take x-rays of teeth using a small film put inside the mouth. We usually take two x-rays - one for each side, but sometimes we might take more to look at an area more closely.

Benefits: Dental x-rays give us information about teeth that cannot be seen by the naked eye. X-rays can find decay, infection, or problems with adult teeth under baby teeth. This helps us to plan treatment.

Without an x-ray: We may miss finding problems that could be fixed if we knew about them.

Risks: Dental x-rays are very safe. The x-rays we normally take have lower radiation than an aeroplane flight.

Fluoride varnish application

Fluoride varnish is a preventive treatment.

Painting fluoride varnish onto teeth is very easy and usually takes a few minutes. We paint the varnish onto teeth with a small brush or cotton bud. The varnish can stick to the teeth for hours. You can see the fluoride varnish on the teeth, until it dissolves away.

Fluoride varnish works best if applied at least twice a year. If needed, we will return in six months to check in on a student's oral health and apply fluoride varnish.

Benefits: Fluoride is a common mineral that helps build strong teeth and prevent tooth decay. Fluoride varnish can stop decay from starting. It can also slow the rate at which decay happens. Using fluoride varnish can prevent tooth decay in the future.

If we don't use fluoride varnish: Teeth may be more likely to get decay and need treatment such as fillings in the future.

Risks: Although rare, some people are allergic to an ingredient in fluoride varnish. **Students with an allergy to band-aids, rosin, colophony or milk protein (casein) may not be able to have fluoride varnish applied. Students with severe asthma should also avoid fluoride varnish.**

Fissure sealants

Sealants are a special coating painted onto grooves (fissures) in teeth.

Sealants are usually placed in the grooves of permanent molar teeth. To apply the sealant, we clean the tooth surface and keep it dry until the sealant has set.

Benefits: Sealants cover the grooves of teeth and stop food and germs from getting stuck. This stops decay from starting in the grooves.

Some sealant materials contain fluoride. We can use this on teeth with small decay to stop the decay from getting bigger.

Without fissure sealants: Decay can happen in the grooves of the teeth. This may mean fillings are needed later. Decay is more likely to happen when students cannot clean their teeth very well and have sugar-sweetened drinks and foods.

Risks: In rare cases some people may have an allergy to the fissure sealant material.

Tooth cleaning

Teeth may need extra cleaning when toothbrushing cannot remove calculus (hard plaque) or tough stains.

We can remove calculus with vibrating instruments. We can remove tough stains with a special electric toothbrush and polishing paste.

Benefits: Calculus is plaque that has hardened onto teeth. It usually forms near the gums and can irritate the gums. If left untreated, it can result in gum disease.

Without cleaning: Calculus provides a rough surface that can trap plaque. This can make it more difficult to keep teeth clean at home. Leaving calculus can also result in gum disease.

Risks: There are no likely risks.

Follow-up treatments

If a student requires extra follow-up treatment as part of their care plan, Smile Squad will discuss this and seek informed consent.