

USE FLUORIDATED TOOTHPASTE

BRUSH TEETH AT LEAST TWICE A DAY

FLOSS ONCE PER DAY

CHOOSE SUGAR-FREE SNACKS AND DRINKS

CHOOSE WATER FIRST

0800 4 DENTAL (0800 4 336825)

Auckland Regional Dental Service, Waitakere Hospital
Private Bag 93-115, Henderson, Auckland

ENROL YOUR CHILD

Auckland Regional
Dental Service

Free School Dental Service

ENROLMENT FORM



Waitemata
District Health Board

Te Wai Awhina

CONSENT (AGREE)

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 let us know if your child has suffered from any of the following:

Rheumatic Fever Yes No

Asthma Yes No

Heart Conditions Yes No

Epilepsy Yes No

Bleeding Conditions Yes No

Latex Allergy (rubber) Yes No

Other Conditions/ Allergies

Medications

CONSENT FOR SERVICES PROVIDED



I AGREE to this child receiving regular dental examinations. I understand that I have the right to change this consent at any time.

Any additional treatments will require further consent.

Print Family Name

Today's Date 20
day month year

Print First name

Relationship to Child:
 Mother
 Father
 Legal Guardian

Signature

DO NOT CONSENT (DO NOT AGREE)



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

Print Family Name

Today's Date 20
day month year

Print First name

Relationship to Child:
 Mother
 Father
 Legal Guardian

Signature

Child's First Name Child's Middle Name(s)

Child's Family Name (Last Name) Also Known As

Child's Date of Birth Male Female
day month year

Street Address

Suburb

Town/City Post Code

Home Phone Work Phone Mobile Phone

Email Address

Your Family Doctor's Name

Medical Practice

Family Doctor's Phone

National Health Index Number (if known)

School/Education Institution Attended

School Year

Is this child a NZ resident? Yes No

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

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- Other (Such as DUTCH, JAPANESE, TOKELAUAN). Please state:

If you want your child to be seen by the Auckland Regional Dental Service please complete and sign the GREEN agree sections

If you DO NOT want your child to be seen by the Auckland Regional Dental Service please complete and sign the ORANGE do not consent sections