

DECEMBER 2023

Connect to our webpage for school news, calendars, menus, multi-page newsletters, staff email addresses, Infinite Campus parent portal access and more! [Columbus webpage](#)

Columbus Elementary & Appleton Bilingual School

Columbus 920- 852-5450
 Appleton Bilingual School 920 - 852-5535



Like our Columbus Facebook page at <https://www.facebook.com/columbusABS/>
 We will be posting exciting news about upcoming events and things happening in our classrooms!

Bell Times:

Columbus & ABS Grades K-5: 8:22am-3:20pm
 Early Childhood/Title 1 Preschool (Mon-Thurs):
 AM: 8:27-11:04am PM: 12:39-3:16pm

Be sure to update your phone contacts with our new phone numbers listed above.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Full-Length Newsletter available on our webpage					1 NO BGClub	2
3	4	5 COL Gr 1-3 Winter Concert 6pm Zion Gym	6	7	8	9
10	11	12	13	14 COL Holiday Shop 3:30-6pm	15	16
17	18 COL SpiritWeek PJ Day COL PTOMtg 4-5pm	19 Fancy Day	20 Wacky Wed	21 Holiday Colors or Ugly Sweater All-School Sing-a-long Zion Gym 2:15	22 No School Winter Break	23
24	No School 25	No School 26	No School 27	No School 28	No School 29	30
31	January 1 No School	Jan 2	Jan 3	Jan 4	Jan 5 NO BGClub	Jan 6



Important message about birthdays and other celebrations:

Please do not bring in snacks/treats for birthdays or other celebrations. The AASD Board Policy (458) regarding Student Wellness was updated in 2018 in order to align our school wellness procedures with best practices. This change is to focus on honoring students through more inclusive practices that are not only more aligned to the updated policy, but are practices identified as being best for overall student health and wellness. Policy 458 reads:

D. Recognition for special occasion without treats

Recognitions for special occasions (birthdays, holidays, etc.) during the school day (starting at midnight the day before through a half hour after students are dismissed for the day) will not include students bringing in snacks/treats from outside of the District for other students and will instead take place through non-food practices.

Winter Recess Policy Baby it's Cold Outside!!

In Wisconsin, we know winter can be brutal! Our district does follow cold-weather guidelines for when the students must stay inside to avoid frostbite.

We cannot honor parent requests for their child to stay inside for recess without a medical excuse from a doctor. Please be sure your child is dressed for winter weather each morning as most days students will be spending their recess outdoors. Thank you. If your child is in need of winter outerwear, please call the office and we can help you out.

Reminder: All visitors must sign in at the office and obtain a visitor's badge.



Do you need assistance this holiday season?

Fox Cities Salvation Army Christmas Assistance Programs
(Adopt a Family / Toy Shop)

Now accepting applications through Dec 4.

[Click here for Salvation Army Christmas Programs](#)

<https://centralusa.salvationarmy.org/foxcities/christmas-programs/>

**Columbus Holiday Concert
Grades 1, 2, & 3 Performing**

Tuesday, December 5, 2023 at 6pm
Zion Gym

Columbus Students in Grades 1/2/3
Should report to the Zion Gym by 5:45 and
wear holiday clothing or "dress your best"



**ANNUAL COLUMBUS HOLIDAY SHOP
DEC 14 3:30-6PM**

Please join us December 14 from 3:30-6:00. Shop Koala style. Students will bring their paw buck certificate that they earned to shop for family members, then wrap a gift at a station, create a craft to take home as a gift, decorate a cookie, eat hotdogs, and enjoy some holiday activities. Parent supervision is required.

Columbus Spirit Week Dec 18 - 21:

Monday: Pajama Day

Tuesday: Fancy Day

Wednesday: Wacky Wednesday

Thursday: Holiday Colors or Ugly Sweater Day

From the desk of Mr. Cannon.....

Season's Greetings and we hope the holidays are wonderful for you and your families this year! We are looking forward to celebrating the season with you at our grades 1-3 winter music concert, our annual holiday shop, and at our all school sing-a-long to close out December together :). If you are available to attend, we would be happy to welcome you to our PTO with our next meeting planned for Monday, December 18th.

I would like to thank those families in advance for donating to our holiday shop. For those of you who are unaware, Holiday Shop is an opportunity for students to 'purchase' gifts for the holidays for their loved ones using incentive 'paws' that they have earned for making good choices at school. It is such a heartwarming experience to see the students using their paws for these gifts and recognizing the spirit of the season. If you would like to donate any items, please feel free to drop them off in the office before December 13th. Gently used household items, unused lotions/bath gift sets, holiday decorations, are all welcomed donations. Gift items for all ages are welcome. I especially want to recognize Dawn Price and Annie Moua for their outstanding efforts in coordinating this annual opportunity for our students :)!

Best,
JOEL

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				1 Lunch <ul style="list-style-type: none"> • Whole Grain Apple Cinnamon Muffin • Low Fat Mozzarella String Cheese • Crispy Fish Sticks
4 Lunch <ul style="list-style-type: none"> • Beef Taco Meat • Turkey Hot Dog 	5 Lunch <ul style="list-style-type: none"> • Popcorn Chicken • Sunbutter & Crackers Fun Lunch 	6 Lunch <ul style="list-style-type: none"> • Cheesy Italian Pull Apart • Sweet & Sour Chicken 	7 Lunch <ul style="list-style-type: none"> • Whole Grain Waffles • Jumbo Crispy Chicken Tenders 	8 Lunch <ul style="list-style-type: none"> • Classic American Cheeseburger • Cheese Quesadilla
11 Lunch <ul style="list-style-type: none"> • Boneless Chicken Wings • BBQ Rib-B-Q Sandwich 	12 Lunch <ul style="list-style-type: none"> • Chicken Nuggets • Turkey & Cheese Sub 	13 Lunch <ul style="list-style-type: none"> • Mini Turkey Corn Dogs • Teriyaki Glazed Chicken 	14 Lunch <ul style="list-style-type: none"> • Personal Galaxy Cheese Pizza • Meatballs in Zesty Marinara 	15 Lunch <ul style="list-style-type: none"> • Muffin, Goldfish & Yogurt Fun Lunch • The Perfect Sloppy Joe
18 Lunch <ul style="list-style-type: none"> • Chicken Nuggets • Ham and Cheese Wrap 	19 Lunch <ul style="list-style-type: none"> • Cheese Pizza • BBQ Pork Sandwich 	20 Lunch <ul style="list-style-type: none"> • Classic American Cheeseburger • Twisted Mozzarella Stuffed Breadstick 	21 Lunch <ul style="list-style-type: none"> • Popcorn Chicken • Crispy Fish Sandwich with Cheese 	22
25	26	27	28	29

Menus Subject to Change We try our best to serve our menus as posted; however, sometimes last minute changes occur. Please check with the cafe manager prior to the meal if you have any concerns.

Attention: Parents/Guardians of 5th Graders:

Kaleidoscope Academy is a 6th-8th grade project/inquiry based charter school that integrates the arts and focuses on honoring student voice and choice. You are invited to learn more about Kaleidoscope and what 6th and 7th grade looks like, as well as our charter application process. Our Kaleidoscope Family Orientation will be on **December 5th from 6:00-7:30 in the Kaleidoscope Auditorium**. We hope to see you there!

St Joe's Food Pantry provides food bags for each Thursday to Columbus and ABS families in need. If your family would benefit from this service, please contact our school social worker by emailing mcinnesrobert@asdk12.wi.us



If you have not completed the application for free/reduced meals and fees, please complete as soon as possible. It is available through your parent portal on Infinite Campus. Paper copies are available in the office. You can also print a copy from the foodservice website: [Application for Free/Reduced Meals and Fees](#). The upcoming Dental Screening also requests completion of this application.



JOIN US - IT'S FREE!

After-School Explorer Camp

After-School Explorer Camps are drop-off programs designed to provide learning opportunities beyond the classroom for students in 1st - 4th grade. Explorer Camps encourage hands-on learning, problem solving, and social/emotional development through facilitated programming and free play around the museum.

Explorer Camps are held:

- Tuesdays or Thursdays from 3:30-6:00pm

What do Explorer Camps cost?

- FREE! Semester 2 (January 23 - May 23)

Registration for Semester 2 is now open! Early registration ends December 18, 2023.

[Please use this link to register.](#)




<https://65215.blackbaudhosting.com/65215/packagetickets?tab=3&txobjid=A2A655BA-20DA-4EC3-AE05-74E2D373A0F3>

Currently, we have not been able to secure regular transportation. However, Building for Kids staff members will walk to Columbus/ABS, meet the students at the school, and walk with them to the museum.

The concept around Explorer Camps is backed by robust, local evidence of a two-year research project that was conducted by Lawrence University and University of Wisconsin, with the Building for Kids, Boys & Girls Club, and Appleton Area School District. Participating in the project were three groups of students: a group that attended school only, a group that attended school and the Boys & Girls Club, and a group that attended school, the Boys & Girls Club, and the Building for Kids after school once per week. Out of the three groups, the one that attended after school programming at the Building for Kids saw greatest increases in social self-confidence and academic performance (math, reading, and science report card grades) over the two years. These gains were seen across all students - regardless of socio-economic status. These findings suggest that afterschool programming, especially enriched programming, is particularly helpful for children of lower socioeconomic status.

THE COLUMBUS PTO NEEDS YOU!

Why Join the PTO?

<p>BENEFIT YOUR CHILD</p>  <p>Research shows that children's performance increases when parents are involved both at home and at school.</p>	<p>BENEFIT YOUR SCHOOL</p>  <p>PTO works closely with the teachers and administration to create a positive atmosphere within the school.</p>	<p>MAKE CONNECTIONS</p>  <p>PTO connects you with other parents within the school as well as the teachers and staff, creating a community!</p>
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No required commitment! Come to the meetings you can, volunteer when available, and stay informed!

The Columbus PTO would love to have you join us! Our next meeting is Monday, Dec 18 in the LMC. The meeting runs 4:00-5:00 PM. PTO membership is FREE and activities for kids are provided in the art room by neighborhood middle schoolers for the duration of the meeting.



STUDENT ATTENDANCE



EMBRACE THE EVERY DAY!



DID YOU KNOW?



Students who are chronically absent in preschool through 1st grade are much less likely to read at grade level by the end of 3rd grade.



By 6th grade, chronic absence is a proven early warning sign for students at risk of dropping out of school.



Frequent absences can be a sign that a student is:

- Losing interest in school
- Struggling with school-work
- Dealing with a bully
- Facing some other difficulty

WHAT CAN YOU DO?



Make school attendance a priority. Help your child to be on time to school.



Help your child maintain daily routines, such as finishing homework and getting a good night's sleep.



Develop backup plans for getting to school if something comes up. Call on a family member, neighbor, or another parent to take your child to school.

HOW DOES LATE ARRIVAL AFFECT STUDENTS?



Minutes late per day	Equal days work of teaching lost in a year
5 mins	3.4 days
10 Mins	6.9 days
15 Mins	10.3 days
20 Mins	13.8 days
30 Mins	20.7 days



Absenteeism in the first month of school can predict poor attendance throughout the school year. Half of students who miss 2-4 days in September go on to miss nearly a month of school.

HOW TO CREATE A GOOD ROUTINE:



Set a daily schedule with the same wake-up times and bedtimes for each school day -- and stick to them.



Prepare morning routines the night before. Each night, have your student pick out their outfit, and have school supplies ready by the door. Being prepared the night before makes the morning routines simpler.

www.aasd.k12.wi.us/families/attendance



The Salvation Army Fox Cities 2023

Coats for Kids, Toy Shop, Adopt a Family, and Christmas Food Assistance

Coats for Kids

November 6-10, 2023 | 1 - 3 PM

November 11, 2023 | 9 AM - 12 PM

Coats are available for children ages 17 and under

*No pre-registration required for coats



The Salvation Army
Social Services Center
130 E North St., Appleton



Christmas Assistance

Register online November 6 - December 4, 2023

Toy Shop, Adopt a Family, and Christmas Food Assistance

Households with children ages 17 and under are eligible for Toy Shop (Toys for Tots) or Adopt a Family. Adult only households register for Christmas Food Assistance.

Go to www.safoxcities.org

and follow the link under "Christmas Assistance Programs"



ANGEL TREE

To apply in person, call The Salvation Army front desk after November 6, 2023
at (920)734-3324 to set up an appointment.



HEALTH SERVICES * P.O. Box 2019, Appleton, WI 54911 * 920-852-5344

HAND WASHING CAN SAVE LIVES!



Hand washing is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and illnesses are spread by not washing hands with soap and water. It is best to wash your hands with soap and clean running water for 20 seconds. Although soap and water are more effective at removing germs, alcohol-based hand rubs significantly reduce the number of germs on skin and are fast acting.

Per the CDC, handwashing:

- Reduces the number of people who get sick with diarrhea by 23-40%
- Reduces diarrheal illness in people with weakened immune systems by 58%
- Reduces respiratory illnesses, like colds, in the general population by 16-21%
- Reduces absenteeism due to gastrointestinal illness in schoolchildren by 29-57%

When washing hands with soap and water:

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces, making sure to clean in between fingers, thumbs, the back of your hand and your wrists
- Continue rubbing hands for 20 seconds. Need a timer? Imagine singing "Happy Birthday" twice to a friend!
- Rinse hands well under running water
- Dry your hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet

Remember: If soap and water are not available, use alcohol-based hand sanitizer to clean hands.

When using an alcohol-based hand sanitizer:

- Apply product to the palm of one hand
- Rub hands together
- Rub the product over all surfaces of hands and fingers until hands are dry.

When should you wash your hands?

- Before preparing or eating food
- After going to the bathroom
- After changing diapers or cleaning up a child who has gone to the bathroom
- Before and after tending to someone who is sick
- After blowing your nose, coughing, or sneezing
- After handling an animal or animal waste
- After handling garbage
- Anytime your hands are visibly dirty
- Before and after treating a cut or wound



FREE DENTAL CARE



PROGRAM FOR YOUR CHILD



If your **preschool, kindergarten and/or elementary school child**

- is eligible for free or reduced cost hot lunch
- or has a ForwardHealth card from Medicaid (BadgerCare)
- **and DOES NOT** have private dental insurance

they can receive **free** dental care.

Complete the attached forms and return them to your child's school and your child will be seen throughout the school year for routine dental care.

If you have any questions, PLEASE contact Lisa or Nkaoxue at Tri County Dental @920-882-5500 for additional information.

*See the back of this sheet for specific program information

Dental Program Process

Phase 1 Takes place in your child's school

(Or at clinic, a chaperoned school bus will transport children to and from the clinic)

- ✓ Dental hygienist will:
 - Clean your child's teeth and record the student's general oral health
 - Contact a parent/guardian with notification of urgent needs
 - Apply fluoride varnish (a mineral proven to reduce cavities), sealant or SDF (Silver Diamine Fluoride) as appropriate

Phase 2 Takes place on the Mobile Dental Clinic at your child's school

- ✓ Dental Hygienist or Dental Assistant will:
 - Take x-rays
 - Place sealants, if appropriate
 - Apply fluoride varnish and Silver Diamine Fluoride (if necessary)
- ✓ Children will receive oral health education
- ✓ A Dentist will do a thorough examination of your child's teeth, preparing a treatment plan if your child requires fillings and/or other dental work
 - ✓ *Children requiring additional treatment will need Phase 3*

Phase 3 Takes place on the Mobile Dental Clinic at your child's school or at Tri-County Dental Clinic

(For clinic visits, a chaperoned school bus will transport children to and from the clinic)

- ✓ A dentist will provide the necessary restorative work your child requires
(You will be notified before your child is seen for fillings and consent must be obtained by you before any tooth extraction.)
- ✓ Parent/guardian is encouraged to call our clinic for restorative needs
(Please know that dental problems will not go away on their own, so please contact us as soon as possible to schedule follow-up care.)

920-882-5500



For Office Use Only:
 Chart #: _____

DENTAL CONSENT FORM

Dear Parent,

Tri-County Dental is offering an oral health program for children in your elementary school. The program includes a dental cleaning, an exam, x-rays, fillings, fluoride treatments and oral health education. A new toothbrush, toothpaste, and floss will be sent home with your child. Please complete this form if you want your child to be part of the program:

Child's Last Name: _____ Child's First Name: _____
 Child's Date of Birth: ____-____-____ Female / Male Phone Number (____) ____-____
 Child's Address: _____ Zip Code: _____
 School: _____ City: _____
 Homeroom Teacher: _____ Grade (circle): EC/PK K 1 2 3 4 5 6

- Does your child have private dental insurance? **YES / NO** – if YES, your child may only be seen for fluoride treatment
 Name of Dental Insurance Company: _____
- Does your child see a dentist on a regular basis (every 6 months)? **YES / NO**
- Does your child have allergies to Colophony resin? **YES / NO**
- Does your child have Medicaid (Medical Assistance, Badger Care, Title 19)? **YES / NO**
Medicaid Number (Member ID) _____

Child's Race/Ethnicity (Check all that apply): _____ White _____ African American/Black _____ Asian
 _____ Hispanic _____ American Indian / Alaska Native _____ Native Hawaiian / Pacific Islander _____ Other

I understand the nature of the treatment provided and authorize Tri-County Dental staff to provide oral health treatment.

- I acknowledge that Tri-County Dental may use my child's information for treatment and may disclose it to my insurance company and/or other health care providers even though it may affect future insurance claims.
- I understand that this registration is effective for a period of **thirteen months** to provide follow-up services, including restorative treatment, dental cleaning, application of sealants and multiple fluoride applications which may include silver diamine fluoride SDF is an antibiotic liquid and helps slow further decay; will cause staining to the treated lesion and potential staining of skin and clothes; will not stain a healthy tooth; is a treatment for cavities but not a cure, so additional restorative care may be needed; reapplication for disease control may be needed. Please inform Tri-County Dental if child has a silver allergy or is unable to have fluoride.
- I understand that my child's restorative treatment plan, if necessary, will be provided to me prior to the treatment starting.
- I am authorizing Tri-County Dental to use nitrous oxide if needed for the completion of dental treatment.
- I agree to the release of my child's treatment plan records so I can receive them from the school.
- I am specifically authorizing the clinic to treat my child whether I am physically present at the clinic during a scheduled treatment.

My signature will confirm my informed consent, my status as the legal custodian of the minor patient identified and my authority to grant this consent. I understand that I may contact Tri-County Dental at 920.882.5500 with any questions.

 (Print) parent/guardian (Signature) parent/guardian Date

Medical History

For the following medical history questions, please (x) whichever applies. Your answers are for our records only and will be kept confidential in accordance with applicable laws. Please note you will be asked some questions about your responses to this questionnaire and there may be additional questions concerning your child's health. This information is vital to allow us to provide appropriate care for your child. This clinic does not use this information to discriminate.

Child's Name: _____

WE CANNOT SEE YOUR CHILD IF THIS IS NOT COMPLETE

Please check yes, no, or unsure if your child has/had any of the following conditions:

Yes	No	Unsure		Yes	No	Unsure		Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Ear Infections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant (at this time)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexually Transmitted Diseases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Impairment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning Disabilities				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Conditions/Murmur
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to heart murmur, is an antibiotic required before dental appointments? If you are unsure, we will need confirmation from your cardiologist before treatment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Problems				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Downs Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice (not at birth)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delayed Speech Development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis				

Please explain all "Yes" or "Unsure" responses:

Please list any other problems/conditions/allergies your child may have

Current Medication List

Is your child taking any prescription medications, over the counter medications, vitamins, natural and/or herbal dietary supplements? Yes No If yes, please list medications.

Medication	Reason for Taking	How Much	How Often

To the best of my knowledge, the indicated health history remains current. I understand that any change in the patient's health or medication requires that an updated form be completed. I will not hold my dentist, or any other member of his/her staff, responsible for any action they take or do not take because of errors or omissions that I may have made in the completion of this form. I certify that I have read and understand the above.

I acknowledge that my questions, if any, about inquiries set forth above have been answered to my satisfaction.

_____/_____/_____
 (Print) parent/guardian (Signature) parent/guardian Date ____/____/____

Emergency Contact Information:

Name: _____ Relationship: _____

Emergency Number: _____

For Office Use Only:

Chart #: _____



STUDENT NAME: _____ GRADE: _____



PHOTO / INTERVIEW RELEASE

Date: _____

I, _____, hereby give the Tri-County Community Dental Clinic, its staff, representatives, community partners, and legal representatives (in connection with dental services which I am receiving) and irrevocably agree and consent to allow photographs and or information from interviews to be used as part of the dental record, research, education, public relations, patient counseling, or other purposes.

Consent: _____
Signature

