

# JANUARY 2024

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 |
|--------|------------------------------|--------------------------|---|----------|--|----------|
|        | NO SCHOOL 1                  | 2                        | 3   | 4        | NO BG Club 5<br>COL K-5 Swim<br>Field Trip to WHS<br>Columbus Herd<br>Family Night<br>6pm game | 6        |
| 7      | 8                            | 9                        | 10  | 11       | 12   | 13       |
| 14     | NO SCHOOL 15                 | 16<br>COL PTO<br>Mtg 4pm | 17<br>Field Trip COL<br>K-5 - Herd<br>Game 10:45A | 18       | 19   | 20       |
| 21     | NO SCHOOL 22<br>Prof Dev Day | 23                       | 24  | 25       | 26   | 27       |
| 28     | 29                           | 30                       | 31  | Feb 1    | Feb 2<br>No BG Club  |          |



### 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.

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

Welcome back students, staff, families, and Happy New Year 😊!! We are excited to see what 2024 has in store and are ready to welcome back our students!

January is a busier than normal month for our instructional calendar at the elementary schools as we close out the first semester officially on Friday, January 19th, and many of our mid-year assessments are given during the month of January as well. Any efforts that help to maintain best attendance possible for our students is greatly appreciated and highly impactful towards their growth as students. We are looking forward to seeing the assessment results so far and sharing with you at Parent Teacher Conferences in February scheduled for Thursday, February 8th, and Tuesday, February 13th.

Now is the time for resolutions it would seem and I personally have the same ones on repeat such as eat better and learn a new hobby. This is going to be the year... I know it :). A resolution to consider for all of us is committing to reading 20 minutes a day if we haven't already. The information shared below was shared last year in the newsletter at this time but is so timely and still true. Reading 20 minutes a day is like engaging in cardiovascular activity daily for 30 minutes; it's the daily maintenance for our mind and body that makes a huge difference. Please consider the information below, visit the website, and consider making family reading time a part of our routines. The return on investment is amazing 😊!

**2024 Reading Goal/Resolution:** 20 minutes per day. Some of you may remember bringing home lots of homework during your school age years. There have been shifts in that strategy over the years for various reasons but one at home support that is greatly appreciated is making sure our students read at least 20 minutes per day. This does not mean it needs to feel like a chore, which may result in creating reluctant readers. For at home reading, allow your child to explore personal interests through text and find subtle ways to engage your child with reading text. Reading the same text and talking about it together increases connection and comprehension. It's a win-win for quality time spent together, just like playing games together that require strategy and application of math and reading skills.

Please take a look at the article linked below. Reading 20 minutes a day is a highly recommended, high impact activity with many growth benefits for your child. I've bulleted some below and please read the article for a more detailed explanation.

- Exposure to 1.8 million written words in a year
- Stress relief (up to 68% according to studies)
- Create a stronger neural network in your brain; slows down mental decline late in life
- Reading before bed can alleviate insomnia
- Develop higher levels of empathy and emotional intelligence
- Children who read 20 minutes a day score in the 90th percentile

[Why Read 20 Minutes a Day](#)

Best,  
**JOEL**

| MONDAY  | TUESDAY  | WEDNESDAY  | THURSDAY  | FRIDAY  |
|---|--|--|---|---|
| <b>1</b>  | <b>2</b><br>Lunch<br>• Personal Galaxy Cheese Pizza<br>• Sunbutter & Crackers Fun<br>Lunch | <b>3</b><br>Lunch<br>• Macaroni and Cheese<br>• Crispy Fish Sticks                               | <b>4</b><br>Lunch<br>• Spaghetti with Meatballs<br>• Hot Smokey Ham & Cheese Sandwich | <b>5</b><br>Lunch<br>• WG Cinnamon Glazed French Toast Sticks<br>• Pork Sausage Patty<br>• Turkey Hot Dog                   |
| <b>8</b><br>Lunch<br>• Boneless Chicken Wings<br>• Italian Meatball Sub | <b>9</b><br>Lunch<br>• Classic American Cheeseburger<br>• Chicken Caesar Salad             | <b>10</b><br>Lunch<br>• Classic Pepperoni Pizza<br>• Teriyaki Chicken                            | <b>11</b><br>Lunch<br>• Mini Turkey Corn Dogs<br>• Turkey & Cheese Sub                | <b>12</b><br>Lunch<br>• Whole Grain Apple Cinnamon Muffin<br>• Low Fat Mozzarella String Cheese<br>• The Perfect Sloppy Joe |
| <b>15</b>   | <b>16</b><br>Lunch<br>• Jumbo Crispy Chicken Tenders<br>• Homemade Cheese Pizza<br>Bagels  | <b>17</b><br>Lunch<br>• Cheesy Italian Pull Apart<br>• Orange Chicken                            | <b>18</b><br>Lunch<br>• Whole Grain Waffles<br>• Homemade Hummus                      | <b>19</b><br>Lunch<br>• Classic American Cheeseburger<br>• Cheese Quesadilla  |
| <b>22</b>   | <b>23</b><br>Lunch<br>• Chicken Nuggets<br>• Turkey & Cheese Sub                           | <b>24</b><br>Lunch<br>• Mini Turkey Corn Dogs<br>• Teriyaki Chicken                              | <b>25</b><br>Lunch<br>• Personal Galaxy Cheese Pizza<br>• Meatballs in Zesty Marinara | <b>26</b><br>Lunch<br>• Muffin, Goldfish & Yogurt Fun Lunch<br>• The Perfect Sloppy Joe                                     |
| <b>29</b><br>Lunch<br>• Cheese Pizza<br>• BBQ Pork Sandwich             | <b>30</b><br>Lunch<br>• Chicken Nuggets<br>• Ham and Cheese Wrap                           | <b>31</b><br>Lunch<br>• Classic American Cheeseburger<br>• Twisted Mozzarella Stuffed Breadstick |   |   |

**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.

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*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!

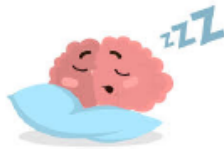
### Why Join the PTO?

| BENEFIT YOUR CHILD  | BENEFIT YOUR SCHOOL  | MAKE CONNECTIONS  |
|---|--|---|
|  <p>Research shows that children's performance increases when parents are involved both at home and at school.</p> |  <p>PTO works closely with the teachers and administration to create a positive atmosphere within the school.</p> |  <p>PTO connects you with other parents within the school as well as the teachers and staff, creating a community!</p> |

**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 Tues, Jan 16 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.

### Healthy Sleep



Like eating well and being physically active, getting a good night's sleep is essential to the well-being of students and staff. A number of vital tasks carried out during sleep help maintain good health and enable people to function at their best. Not getting enough sleep can be dangerous and contribute to poor health.

Both the amount and quality of sleep affect how well people learn and remember as well as perform tasks like problem-solving and staying focused. Insufficient sleep causes people to be irritable and adversely affects behavior. Poor quality sleep on a regular basis increases the risk of having high blood pressure, obesity, heart disease, and other medical conditions.

Here is the CDC's recommended hours of sleep:

|            |                    |   |
|------------|--------------------|---|
| Preschool  | 3–5 years          | 10–13 hours per 24 hours (including naps) |
| School Age | 6–12 years         | 9–12 hours per 24 hours                   |
| Teen       | 13–18 years        | 8–10 hours per 24 hours                   |
| Adult      | 18–60 years        | 7 or more hours per night                 |
|            | 61–64 years        | 7–9 hours                                 |
|            | 65 years and older | 7–8 hours                                 |

Here are some of their suggestions to improve sleep health:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature
- Remove electronic devices, such as TVs, computers, and smartphones, from the bedroom
- Avoid large meals, caffeine, and alcohol before bedtime
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.



# 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](http://www.aasd.k12.wi.us/families/attendance)





## **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*

