



*A public school guided
by the core principles
of Public Waldorf
Education
K-8 Charter
&
K-5 Homeschool
Program*

Twin Hills
School District

7285 Hayden Avenue
Sebastopol, CA 95472

tel (707) 824-2844
fax (707) 824-2861

www.sunridgeschool.org

March 13, 2018

RE: On-Site Dental Clinic at SunRidge Thursday, April 11th

Dear parent(s)/guardian,

SunRidge will be hosting an on-site dental clinic day on campus Thursday, April 11th from 8:45am-12:00pm where 5 experienced students from the Dental Hygiene department at SRJC will be offering teeth cleanings, dental exams, and instruction in oral hygiene, all of which are free to 20 of our students (K-8th Grade).

No x-rays or dental repairs will be done during this time. If there is a need for further dental attention, the School Nurse, Cathy Ferland, will contact you by mail with recommendations. A fluoride treatment is offered. If you would not like your child to receive fluoride please indicate that on the attached consent form.

If you are interested in having your child receive a dental exam and a teeth cleaning please fill out the attached consent forms and return the whole packet to the office no later than **Friday, April 5th**.

Please note that there are only 20 spots available and reserving a spot for you child is on a "first come first serve" basis so the earlier you return your forms the better. We will have a waiting list of 3-4 students just in case a student is absent on the day of the cleaning. We will notify you via email only if your child has a spot on the list of 20 or is number 1-4 on the wait list.

If you have any questions or concerns please feel free to contact us.

Sincerely,

A handwritten signature in cursive script that reads "Kalen Wood".

Kalen Wood
Director



SANTA ROSA JUNIOR COLLEGE

Office use only:

Date received : _____

CONSENT TO DENTAL EXAMINATION/TREATMENT OF CHILD AND RELEASE OF LIABILITY

I hereby authorize volunteer dental hygiene student providers from Santa Rosa Junior College to examine and treat my child as part of the preventative dental hygiene program conducted by Santa Rosa Junior College Allied Dental Programs and understand that Santa Rosa Sunrise Rotary is the sponsor of this school-based oral health rotation.

I understand that the volunteer dental providers and dental hygiene students are not my child's dental health care provider(s), and that my child is not their patient. I understand that the volunteer dental health care student provider's services will be limited to cleaning, general examinations, screenings, and minor preventative procedures. I acknowledge that they owe my child no duty to examine or treat any dental condition that my child may have. I further understand that these individuals will be working under the supervision of a DDS, RDH, or RDHAP, licensed dental professional.

If the volunteer dental health care student providers recommend further dental care or treatment for my child as a result of these screenings, I understand that it is my responsibility to make an appointment with a dentist to ensure that my child receives such further diagnosis and/or care.

I give consent for my child to receive preventive services including topical fluoride application.

Furthermore, I release the Santa Rosa Sunrise Rotary Club, Santa Rosa Junior College and any volunteers and supporters associated with this voluntary community dental program from any liability associated with this project.

I have read and understand the information provided above, and all my questions have been answered to my satisfaction.

I have received a copy of this form.
Ref. California Family Code 6910

Signature of parent/guardian/conservator

Date

Name of parent/guardian/conservator (printed)

Name of your student

This is text of 6910: The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care and dental care under Section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.



SANTA ROSA JUNIOR COLLEGE

Co-Sponsored by the Santa Rosa Sunrise Rotary Club Healthy Smiles

Child's Name: _____ Nickname: _____
Last First MI

Child's Birthdate: _____ Child's Age: _____ Sex: Male Female
Child's Address: _____
Mailing Address City State Zip Code

Parent or Guardian Name: _____
Last First MI

Home #: _____ Work#: _____

Please describe your child's current physical health. Good Fair Poor

Is the child currently under the care of a physician? Yes No

If so, what is he/she being treated for? _____

Child's Physician: _____

Does your child have any infectious disease? Yes No

If so, please list what they are: _____

Has any physician or dentist informed you that your child needs antibiotic pre-medication prior to dental treatment? Yes No

Is your child allergic to or ever had a reaction to latex? Yes No

I understand that the information that I have given is correct to the best of my knowledge, and that it will be held on the strictest of confidence. I will not hold Santa Rosa Sunrise Rotary Club, or any members to the staff responsible for any action they take or do not take because of errors or omissions SRJC that may have been made in the completion of this form. _____

Signature of Parent or Legal Guardian

RECORD OF TREATMENT

Date	Procedure	Initial

Referral: _____

Date: _____

Student: _____

Supervising Hygienist/Dentist: _____



SANTA ROSA JUNIOR COLLEGE

Co-sponsored by the Santa Rosa Sunrise Rotary Club

CONSENT TO USE OF PHOTOGRAPH AND LIKENESS

I hereby consent to the use of my child's photographs or likeness for the purpose of advertising or promoting services of Sunrise Rotary Club or Santa Rosa Junior College. I understand that, as used in this consent, "photograph" means any photograph or photographic reproduction, still or moving, and any videotape or live television transmission.

Signature of parent/guardian/conservator

Date

Name of parent/guardian/conservator (print)

Name of patient (printed)