



Alachua County Public Schools
Early Intervention Services
Head Start/VPK Program

Dental Trip Permission

<i>Child</i>	<i>Date</i>
<i>Center</i>	<i>Teacher</i>

Permission is requested to go on one or more trips, as necessary, to

_____ Between _____
Dental Office *Dates of Service*

This form will cover all dental trips for the school year.

You will be notified by phone or in writing prior to each dental trip.

We will leave school at _____ a.m. p.m.

***Emergency phone:** daytime _____ evening _____ other _____

Please accept this form as a consent signature for a physician or hospital staff to give emergency treatment of an injury or illness to my son or daughter if medical attention is needed.

I give my permission for my child to go to the dentist for screening: cleaning, x-rays, and fluoride; and/or treatment.

Method of Travel

- School Bus
- City Bus
- Walk
- Private Vehicle
- Driver: SBAC Personnel)
- Other _____

(specify)

Signature of Parent or Guardian

***Your student cannot go on the dental trip(s) unless emergency phone number(s) are listed.**