

Dental Survey Consent Form

- ❖ I have read and understood the information for parents and carers.
- ❖ I agree to my child having a dental check as part of the Dental Survey.
- ❖ I agree for Manx Care to share pseudonymised data with Public Health Isle of Man.
- ❖ I understand I can withdraw my child's participation up until the dental examination takes place.

If you agree with the above statements, and you would like your child to participate in the Dental Survey, please complete the fields below.

Child's name:

Child's date of birth:

Name of parent or carer:

Signature of parent or carer:

Date:

Please return this form to your child's school. Thank you.

Manx Care Community Dental Service

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