

Free Dental Care for Children



School Dental Service



School Dental Enrolment Form

CONFIDENTIAL

Welcome to the School Dental Service. For your child to receive free dental care please complete and return this form to your nearest school dental clinic or school office. For more information please phone your nearest school dental clinic.

Pre School:

School:

Personal Details of your Child (Please print clearly)

Child's First Name:

Boy

Child's Surname:

Girl

Child also known as:

Address:

Date of Birth:/...../..... Age:

Children in same family:



Parent or Guardian Contact Details

Home: Work:

Ask for:

Relationship to Child:

Home: Work:

Ask for:

Relationship to Child:

Ethnic Origin

European

Maori

Pacific Islander

Other (please state)

If your child has been to a dental clinic before, please write the name of the clinic and city so we can send for their records.

Clinic: City/Area:



Contact Details

School Dental Service

High Street

Private Bag 31 907

Lower Hutt

Phone: 570 9292

Fax: 570 9257

Email: dental@huttvalleydhb.org.nz