

# Lake Lehman School District Health Services

Dear Parent:

The Pennsylvania School Health Law requires Dental Examinations for children in **Kindergarten, grade three (3), and grade seven (7)**. These grades are selected because they represent critical periods of growth and development in a child's life. *It is important that the school has a record of your child's dental status.* During the screening, the dentist views the child's mouth and makes recommendations to the school. Notices are sent home regarding the dentist's findings. This may be thought of as a second opinion exam. **Geisinger will be providing this service on November 7, 2023. Make up dates :November 29 & 30th for inclement weather and continuation from 11/7/23.**

**Please detach the permission slip, indicating your dental preference, (school or private), in the appropriate area below and return to the nurse's office in your child's school by: **October 27, 2023.****



-----detach-----

NAME OF CHILD

GRADE

DATE OF BIRTH

*Please check one and sign below:*

\_\_\_\_\_ I give my consent for my child to be examined by the school dentist.

\_\_\_\_\_ I prefer for my child to be examined by our family dentist.  
(Attached is the private dentist form to be completed and returned ASAP.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature



Date of birth: \_\_\_\_\_ Date of screening: \_\_\_\_\_ Name of location: \_\_\_\_\_

### Welcome to the Geisinger Pediatric Dental Screening Program

#### What are the details of the no-cost Geisinger Pediatric Dental Screening Program?

1. No-cost pediatric dental screenings, fluoride treatments and dental cleanings will be available on the above date at the above screening location. This program will only screen for problems with your child's teeth and mouth. It is not a complete dental exam, and the results are not a diagnosis. There is no charge for your child to take part. Receiving these services will not impact your child's dental care schedule with your established dental home if you have one already.
2. With your permission, fluoride will be applied to your child's teeth. Fluoride strengthens teeth and prevents tooth decay. Tooth decay is the most common chronic disease found in children. **Fluoride should not be applied to the teeth of children who are allergic or may be allergic to it.**
3. This dental screening is being done as a community service only and is not meant to form a doctor-patient relationship.

#### What will happen during the Geisinger pediatric dental screening?

1. Geisinger healthcare professionals will be on hand at the above screening location to screen children for problems with their teeth and mouth.
2. Problems found during the screening will be noted and sent home with your child, along with information about oral health and other resources. Information on getting follow-up care will be included, if necessary.
3. **If problems are noted during the screening, we urge you to take your child to the dentist of your choice as soon as possible.**

#### Please select your child's current health insurance plan:

- AmeriHealth Caritas    CHIP, brought to you by GHP Kids    Geisinger Health Plan    GHP Family (Medicaid)    Health Partners    Highmark Wholecare  
 Keystone First    United    UPMC    Other \_\_\_\_\_    None

For your child to take part in the Geisinger Pediatric Dental Screening Program you will need to give permission by completing the form below.

**As the parent/legal guardian, I agree to the following for \_\_\_\_\_ ;**  
(printed name of child)

\_\_\_\_\_ Dental screening   \_\_\_\_\_ Fluoride treatment   \_\_\_\_\_ Dental cleaning  
(initial here)   (initial here)   (initial here)

#### Consent:

As indicated by my signature below, I authorize Geisinger Health Plan and/or its affiliates (collectively, "Geisinger") to release my child's screening information to his/her primary care physician and his/her other treating providers whether via electronic medical record, hard copy or another means. I further understand and acknowledge that my authorization does not guarantee my child's screening information will be provided to his/her primary care physician and/or his/her other treating providers.

I understand the Geisinger Pediatric Dental Screening Program is being given by healthcare professionals of Geisinger. I do hereby waive, release and forever discharge Geisinger and its agents, employees, directors, heirs, assigns and insurers from all manner of claims and causes of action, with respect to the application procedure. I understand the screening results may be used in the future for gathering information for scientific purposes, and I agree to this use.

# Discrimination is against the law

Geisinger Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Geisinger Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Geisinger Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Geisinger Health Plan at 800-447-4000.

If you believe that Geisinger Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Civil Rights Grievance Coordinator  
Geisinger Health Plan Appeals Department  
100 North Academy Avenue,  
Danville, PA 17822-3220  
Phone: (866) 577-7733, PA Relay 711,  
Fax: (570) 271-7225, or  
Email: [GHCivilRights@thehealthplan.com](mailto:GHCivilRights@thehealthplan.com)

The Bureau of Equal Opportunity  
Room 223, Health and Welfare Building,  
P.O. Box 2675,  
Harrisburg, PA 17105-2675  
Phone: (717) 787-1127, PA Relay 711,  
Fax: (717) 772-4366, or  
Email: [RA-PWBEOAO@pa.gov](mailto:RA-PWBEOAO@pa.gov)

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, Geisinger Health Plan and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue SW.,  
Room 509F, HHH Building,  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: 800-447-4000 (PA RELAY 711).**

**ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (PA RELAY: 711).**

**ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (PA RELAY: 711).**

**注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (PA RELAY: 711)。**

**CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (PA RELAY: 711).**

**ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم والبيكم: PA RELAY: 711).**

**ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरु निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 800-447-4000 (PA RELAY: 711) ।**

**주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (PA RELAY: 711). 번으로 전화해 주십시오.**

**ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (PA RELAY: 711)។**

**ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (PA RELAY: 711).**

**သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 800-447-4000 (PA RELAY: 711) သို့ ခေါ်ဆိုပါ။**

**ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (PA RELAY: 711).**

**ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (PA RELAY: 711).**

**লক্ষ্য করুন: যদি আপনি বাংলা, কখা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 800-447-4000 (PA RELAY: 711)।**

**KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-447-4000 (PA RELAY: 711).**

**सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (PA RELAY: 711).**

