



CENTENARY HEIGHTS STATE HIGH SCHOOL

Safety - Respect - Learning

19 July 2023

Dear Parent/Carer

Dental forms were provided to Year 7 and 8 students to bring home today, Year 9 and 10 students have previously received these forms. Attached are the registration form and information for parents regarding free dental treatment. Forms will need to be returned to the school no later than 1 August. If you have any queries please contact the office on 4636 7500.

Kind Regards

Darren Cook
Principal

A Gateway School to the Wine Tourism Industry

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ORAL HEALTH CARE FOR SCHOOL STUDENTS

Free dental care is offered to all Queensland students from the age of 4 to the completion of Grade 10 through the School Dental Service. Children aged 0 - 4 years and students in Year 11 -12, may be eligible for treatment if they receive Childhood Dental Benefit Scheme or if they have a current concessional health care card. The Dental Team consists of a Dentist, Dental Therapists, Oral Health Therapists and Dental Assistants. You will be advised if your child needs specialist dental treatment. Students at Centenary Heights State High School (Year 7-8) are now being offered dental treatment through the School Dental Service at the Rangeville School Dental Clinic.

If you would like your child/children to participate in the free dental care program, please complete each section of the registration form, sign and return it to the School Office by **Friday 28 July, 2023**. Please note that by signing this form, you are only advising our service of your wish to participate in the dental care program and providing personal information to allow us to contact you.

Our process for making your child's first appointment with us has recently changed. Our first point of contact may be via SMS. If responding via the Call Centre, please choose Option 3 to speak with School Dental Service.

Please remember

- Students will be seen at the **Rangeville School Dental Clinic, South Street, Rangeville.**
- Parents/Legal Guardians **must** attend all appointments & must hold a current Medicare Card- please bring this card to the appointment.
- There are limited appointments available before and after school and most appointments will have to be during school time.
- Oral Health does not accept any responsibility for transport of the children to and from their appointments.
- **Appointment changes are often advised via SMS.** Please read all text messages carefully.

Registration for a child to attend Darling Downs Health School Dental Service (Medicare information and medical history)

Date: / /

ALL INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL

CHILD'S DETAILS

Family name:

Given name(s):

Date of birth:

 / /

Sex:

Male Indeterminate
 Female

Country of birth:

Language spoken at home:

Interpreter required? Yes No

Indigenous status:

- Aboriginal but not Torres Strait Islander origin
 Torres Strait Islander but not Aboriginal
 Both Aboriginal and Torres Strait Islander
 Not Aboriginal or Torres Strait Islander
 Not stated / unknown

Australian South Sea Islander status:

- Yes No Not stated / unknown

School: Year:

Child's Medicare number:

IRN:

The IRN is the number which appears next to your child's name.

Expiry:

 MM / YYYY

Child's Pension / Health Care Card number:

CRN:

The CRN is the number which appears next to your child's name.

Expiry:

 MM / YYYY

Child's doctor:

Name:

Address:

Phone:

Is child currently under treatment? No Yes

If 'Yes' details:

CHILD'S MEDICAL HISTORY

List current medications and dosages (including non-prescription)

List any allergies (e.g. latex, penicillin, dairy, silver)

MEDICAL HISTORY *continued*

Has your child ever been hospitalised or had an operation under general anaesthetic?

- No Yes ▶

Has your child ever had a problem with anaesthetic – local or general?

- No Yes ▶

Details:

Does your child require antibiotic cover for dental treatment?

- No Yes ▶

Details:

Dental history	<input type="checkbox"/> Anxiety <input type="checkbox"/> Trauma <input type="checkbox"/> Orthodontic treatment <input type="checkbox"/> General anaesthetic <input type="checkbox"/> Other:	Details: <input type="text"/>
Female only	<input type="checkbox"/> Pregnant	Weeks: <input type="text"/>
Family & social history	<input type="checkbox"/> Smoker <input type="checkbox"/> Alcohol <input type="checkbox"/> Recreational drugs	Details: <input type="text"/>
Mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Disability	<input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Intellectual <input type="checkbox"/> Non-verbal <input type="checkbox"/> Vision/hearing impaired <input type="checkbox"/> Wheelchair	Details: <input type="text"/>
Behavioural condition	<input type="checkbox"/> ADHS / ADD <input type="checkbox"/> ASD	Details: <input type="text"/>
Kidney problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Respiratory	<input type="checkbox"/> Asthma / bronchitis <input type="checkbox"/> Other:	Details: <input type="text"/>
Central Nervous System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Developmental conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Hormonal conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Stomach disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Blood conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Liver conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Infectious conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Musculo-skeletal syndromes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>
Cancer treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details: <input type="text"/>

I have confidential medical information about my child that I wish to speak to a dental practitioner about (please tick if appropriate)

Parent/guardian to confirm medical history is true and correct:

Name:

Signature: Date: / /



Dear Parent/Guardian,

Toowoomba Oral Health Services will soon be offering treatment to children attending Centenary Heights State HS Yrs 7-8.

Treatment will be provided at: Rangeville School Dental Clinic, South Street, Rangeville.

However, if wheelchair access is required, appointments may be at Toowoomba Hospital Oral Health Clinic.

You may register your child for a check-up by completing this form and returning it to the school office no later than: 28/07/2023.

Your contact details and Medicare card (*blue or green) information for the children you wish to register are required to begin the process (*your child must be named on a Medicare card to be eligible). You must also complete the medical history on the front of this form.

Registration and access to treatment is for a limited time – emergency treatment outside of this treatment offer may be sought at your family dentist or by phoning the Darling Downs Oral Health Call Centre on 1300 082 662 between 8 am – 12 pm, Monday to Friday. Excluding public holidays.

PARENT/CARER DETAILS

Family name:
Given name(s):
Home address:
Postcode:
Phone (H):
Phone (W):
Phone (M):
Email:

Please note:

- Parents/Legal Guardians **must** attend **all** appointments.
- Darling Downs Health does not accept any responsibility for the transport of children **to** and **from** their appointments.

If you have other children, they may also be eligible for treatment (conditions apply). Please indicate below.

- Yes 4 year-old child, not yet at school
- Yes 2 & 3 year-old children*
- Yes children at school (prep-grade 10)
- Yes children in grades 11-12*

**If CDBS eligible, benefit must be utilised. Please ask us for more details.*

CONSENT – Please tick ‘Yes’ or ‘No’ to each statement and sign below.

I consent to my child receiving the following:

- a dental examination – including dental xrays if considered necessary as part of the examination
- preventive oral care if considered necessary, such as oral health education, cleaning of teeth and the application of enamel strengthening/remineralising agents (e.g. fluoride) to the teeth.

I understand that the examination (and associated procedures deemed necessary may involve more than one appointment and that separate consent will be required should further treatment be recommended.

Yes, I consent **No, I do not consent**

I consent to other health professionals being consulted where it will assist in the provision of my child’s oral health care.

Yes, I consent **No, I do not consent**

I consent to health professionals who have treated my child exchanging such information about my child as may be required to assist in providing oral health care to my child. I also consent to information that has been collected by the Department of Health, in the course of my child’s oral health care, being used by the Department of Health to check and assess the oral health services my child has received and how such services have been used, provided my child’s name is not used in any reports or published statistics.

Yes, I consent **No, I do not consent**

I consent for a representative of the Department of health to contact me via the details I have provided regarding oral health services. This includes texting to the mobile number provided.

Yes, I consent **No, I do not consent**

Name:	Signature:
Relationship to child:	Date: / /

OFFICE USE ONLY
Checked by clinician:

DO NOT WRITE IN THIS BINDING MARGIN

Privacy Statement

Personal information collected by Queensland Health from patients is handled in accordance with the *Information Privacy Act 2009* and the *Hospital and Health Boards Act 2011*. Your personal information is being collected by way of this form to provide you with oral health services. The personal information provided by you will be securely stored and made available to appropriately authorised staff of Queensland Health. Your personal information may also be disclosed to health practitioners who have in the past or will provide you with care or treatment, to staff of Queensland Health for the purpose of conducting assessment of the services provided to you or otherwise for the purpose relating to providing you with public sector health services. Personal information recorded on this form will not be used or disclosed to other parties without your consent, unless authorised or required by law. For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Thank you for registering your child to be seen by the Toowoomba Oral Health Service. If you have other children you wish to be seen by us please complete the registration areas below and on the other side of this form.

Who can you register?

You can register your child if they are:

- Attending another Primary or Secondary school and in years Prep to end of grade 10
- In years 11& 12 but must be eligible for the Medicare Dental Benefits Schedule
- Home Schooled
- Not at school but 4 years old
- 0-3 years old and eligible for the Medicare Dental Benefits Schedule

Please complete below if you have other children you wish to be seen.

Child Two	Family/Last Name(s)							Date of Birth	/	/			
	First Name(s)							Male	<input type="radio"/>	Female	<input type="radio"/>		
	School					Grade							
	Language					Country of Birth							
	Indigenous Status												
	<input type="checkbox"/> Aboriginal but not Torres Strait Islander					<input type="checkbox"/> Torres Strait Islander but not Aboriginal							
	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander					<input type="checkbox"/> Not Aboriginal or Torres Strait islander							
	Australian South Sea Islander status												
	<input type="checkbox"/> Yes					<input type="checkbox"/> No							
	Medicare Number										Line No.		Expiry date

Child Three	Family/Last Name(s)							Date of Birth	/	/			
	First Name(s)							Male	<input type="radio"/>	Female	<input type="radio"/>		
	School					Grade							
	Language					Country of Birth							
	Indigenous Status												
	<input type="checkbox"/> Aboriginal but not Torres Strait Islander					<input type="checkbox"/> Torres Strait Islander but not Aboriginal							
	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander					<input type="checkbox"/> Not Aboriginal or Torres Strait islander							
	Australian South Sea Islander status												
	<input type="checkbox"/> Yes					<input type="checkbox"/> No							
	Medicare Number										Line No.		Expiry date

PLEASE TURN OVER TO REGISTER MORE CHILDREN

Child Four

Family/Last Name(s)		Date of Birth / /
First Name(s)		Male <input type="radio"/> Female <input type="radio"/>
School	Grade	
Language	Country of Birth	
Indigenous Status		
<input type="checkbox"/> Aboriginal but not Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander but not Aboriginal	
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	<input type="checkbox"/> Not Aboriginal or Torres Strait islander	
Australian South Sea Islander status		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Number		Line No. Expiry date /

Child Five

Family/Last Name(s)		Date of Birth / /
First Name(s)		Male <input type="radio"/> Female <input type="radio"/>
School	Grade	
Language	Country of Birth	
Indigenous Status		
<input type="checkbox"/> Aboriginal but not Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander but not Aboriginal	
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	<input type="checkbox"/> Not Aboriginal or Torres Strait islander	
Australian South Sea Islander status		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Number		Line No. Expiry date /

Child Six

Family/Last Name(s)		Date of Birth / /
First Name(s)		Male <input type="radio"/> Female <input type="radio"/>
School	Grade	
Language	Country of Birth	
Indigenous Status		
<input type="checkbox"/> Aboriginal but not Torres Strait Islander	<input type="checkbox"/> Torres Strait Islander but not Aboriginal	
<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	<input type="checkbox"/> Not Aboriginal or Torres Strait islander	
Australian South Sea Islander status		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Number		Line No. Expiry date /