

## National Dental Survey, 2023 to 2024

### I have read and understood the information for parents and persons with parental responsibility

### I agree to my child having a dental check as part of the national dental survey for 5 year olds 2023 to 2024

### Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

### Child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Child’s home postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Childs's Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name of parent or person with parental responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_

### Signature of parent or person with parental responsibility: \_\_\_\_\_\_\_\_\_

### Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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