

2022–2023 Wisconsin Healthy Smiles Survey: Site Agreement

Please complete by

Name of School:

Please list the name and contact information of the person we should contact for scheduling the assessment date. **If possible, it is encouraged that a school nurse be the primary point of contact.**

Name of contact person: _____

Title: _____

Phone: _____

Email: _____

If you do not want your school to participate, please indicate your refusal below.

Comments:

Email completed agreement to Skylar Capriola at skylar.capriola@dhs.wisconsin.gov or mail to Wisconsin Department of Health Services, Attn: Skylar Capriola, 1 W. Wilson Street, Room 218, Madison, WI 53703.

Thank you!