

2024–2025 Wisconsin Healthy Smiles Survey: Individual Consent

By completing this form, I consent to my student's participation in the 2024–2025 Wisconsin Healthy Smiles Survey. In doing so, I acknowledge the collection of my student's age, race, ethnicity, and sex from school records.

Please submit this form to:

Student's Last Name: _____

Student's First Name: _____

Please check the following:

☐ Yes, I do give my student permission to participate in the oral health screening.

SIGNATURE – Parent or Guardian

Date Signed

Print Name