

**2026–2027 Wisconsin Healthy Smiles Survey: Individual Opt-Out**

**Instructions**

By completing this form, I acknowledge that I do **not** want my student to participate in the 2026-2027 Wisconsin Healthy Smiles Survey.

Please submit this form to: \_\_\_\_\_

**Student information**

Student's last name: \_\_\_\_\_

Student's first name: \_\_\_\_\_

Please check the following:

No, I do not give my student permission to participate in the oral health screening.

**Signature** — Parent or guardian: \_\_\_\_\_

**Name (printed):** \_\_\_\_\_ **Date signed:** \_\_\_\_\_