

## **Dental Health Survey of Children and Young People**

### **Consent for Dental Check-Up**

**To be completed by parent/guardian. Please use capital letters and write in ink.**

1. I confirm that I have read and understood the information in the enclosed letter and information leaflet for the above study.
2. I consent to a qualified dentist carrying out a dental check-up of my child.
3. I understand that my child's participation is voluntary and that I am free to withdraw consent to the dental check-up at any time before it is completed.

**Child's Name** \_\_\_\_\_  
[WRITE IN CAPITALS]

**Your Name** \_\_\_\_\_  
[WRITE IN CAPITALS]

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(To be signed by parent/guardian of the child named above)

**Please return this form to ONS within the next 7 days in the pre-paid envelope provided.**

**Thank you for your help**