

Florida Dental Association   Florida Department of Children and Families   Florida Department of Health  
 University of Florida College of Dentistry   Alachua County Dental Association   Sullivan Schein Dental  
 Alachua County School Board   Proctor and Gamble (Crest)   The ACORN Clinic  
 Santa Fe Community College School of Dental Hygiene

**GIVE KIDS A SMILE! 2004**  
**Assignment for Continued Treatment Form**

If at the screening appointment it is determined that your child needs additional treatment by a dentist, your child may be assigned a volunteer dentist in the community that will treat your child as needed. Some local dentists have agreed to adopt a limited number of children into their practices to provide some additional treatment at no cost, as an extension of our Give Kids a Smile Screening Program. In order to match children to appropriate dentists we need you to provide some additional information. Without this information, your child can not be assigned to one of our volunteer dentists for continued care, if adopted.

1. Closest cross streets to your home: \_\_\_\_\_ and \_\_\_\_\_

2. What form of transportation would you and your child use to get to the appointment (circle one):

Taxi                      Bus                      Our car                      Friend's car                      Walk

3. Has your child seen a dentist before (circle answer)?                      Yes    or    No

If Yes, When? \_\_\_\_\_ Name of dentist? \_\_\_\_\_

Would you want your child to see that same dentist again, if possible?    Yes    or    No

4. What days of the week and time of the day, would you be available to come with your child to an appointment at the volunteer dentist's office (circle all that apply)?

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Morning (8am-12)	Morning (8am-12)	Morning (8am-12)	Morning (8am-12)	Morning (8am-12)
and /or	and /or	and /or	and /or	and /or
Afternoon (2pm-5)	Afternoon (2pm-5)	Afternoon (2pm-5)	Afternoon (2pm-5)	Afternoon (2pm-5)

\_\_\_\_\_  
 Name of Parent/Guardian (print)

Signature \_\_\_\_\_ Date \_\_\_\_\_