

## Smile Squad FREE school dental program

### Smile Squad is visiting your school soon.

The Victorian Government's school dental program is FREE to all Victorian government school students. Sign and return this pack to make sure your family does not miss out.

All students can get:

- a free dental check-up
- preventive services to keep teeth healthy
- general treatment (if needed)

For more information, or if you need help filling in the forms:

- **Email:** [smilesquad@dhsv.org.au](mailto:smilesquad@dhsv.org.au)
- **Phone:** 1300 503 977
- **Visit:** [www.health.vic.gov.au/smile-squad](http://www.health.vic.gov.au/smile-squad)

### What you need to do:

- 1 Read** all the information in this pack.
- 2 Fill in** and sign all forms in English:
  - Consent form (p4)
  - Student details (p5)
  - Child Dental Benefits Schedule bulk billing patient consent (optional) (p6)
  - Medical history (p7)
  - Oral health questionnaire (p8)
- 3 Return** the forms to your school as soon as you can.
- 4 Keep** all other information in this pack for reference.

Please fill in the forms using **BLOCK CAPITALS**.



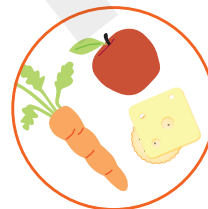
The consent form is available to read in other languages.

Visit: [www.health.vic.gov.au/smile-squad/providing-consent-for-smile-squad](http://www.health.vic.gov.au/smile-squad/providing-consent-for-smile-squad) or scan the QR code to find translated forms.



Please submit the English version only.

### Eat well, drink well, clean well



**Choose fresh foods and limit sugary foods, drinks and sweets**



**Drink plenty of tap water**



**Brush morning and night with fluoride toothpaste**

### Is there a cost?

No. This is a free service for all students, provided by the Victorian Government.

### Feedback

Please tell us what you think (good or bad), at any time. You can email feedback to [smilesquad@dhsv.org.au](mailto:smilesquad@dhsv.org.au)

## Dental services

Smile Squad provides free dental services to students in Victorian government schools by qualified professionals.

### Dental examination (check-up)

A dental check-up includes a check of the teeth, gums, jaw and mouth.

**Benefits:** Most oral diseases/tooth problems do not cause pain in the early stages. Regular check-ups are the best way to find problems early. Once we know what is happening, we can plan for follow-up treatment.

If you give consent, the following services might be provided if they will benefit a student:

### X-rays of teeth

An x-ray machine uses radiation to create a picture of what is happening inside the body.

We take x-rays of teeth using a small film put inside the mouth.

**Benefits:** X-rays give us information about teeth that cannot be seen by the naked eye. X-rays can find decay, infection and other problems.

**Risks:** X-rays are very safe. The x-rays we normally take have lower radiation than an aeroplane flight.

### Fluoride varnish application

Fluoride varnish is a preventive treatment that works best if applied at least every six months.

Painting fluoride varnish onto teeth is very easy and usually takes a few minutes. The varnish sticks to the teeth until you brush them.

**Benefits:** Fluoride is a common mineral that helps build strong teeth and helps prevent tooth decay. Fluoride varnish can stop decay from starting and slow the rate at which decay happens.

**Risks:** Although rare, some people are allergic to an ingredient in fluoride varnish. Students with an allergy to colophony/rosin, casein (milk protein) or severe asthma may not be able to have fluoride varnish.

### Fissure sealants

Sealants are a coating painted onto grooves (fissures) of teeth. They are usually placed on molar teeth.

**Benefits:** Sealants cover the grooves of teeth and stop food and germs from getting stuck. This stops decay from starting and spreading in the grooves.

Most sealant materials contain fluoride. Sealants can wear down over time and may need to be topped up or replaced.

## Tooth cleaning

Teeth may need extra cleaning when toothbrushing cannot remove calculus (hard plaque) or tough stains.

**Benefits:** We can reduce the risk of gum disease by removing calculus, which can irritate the gums.

## Follow-up treatment

If extra treatment is needed, Smile Squad will discuss this and ask for consent.

## Frequently asked questions

### Do parents, legal guardians or carers need to attend a student's appointment?

Parents, legal guardians, or carers are welcome to attend if they want to, but this is not a requirement.

Please contact Smile Squad to let us know if you'd like to attend.

If more treatment is needed, we might ask a parent, legal guardian, or carer to come to the appointment.

### What if a student has had dental treatment recently?

If a student has had a recent dental visit they can be seen again by Smile Squad. They may not need x-rays and other preventive services.

### What if a student is away from school during the Smile Squad visit?

If a student is away from school, we will see them another day or they can visit us at their local community dental agency. These services are still free.

Find your nearest community dental clinic at:

[www.dhsv.org.au/our-services/find-dental-clinics/clinic-search](http://www.dhsv.org.au/our-services/find-dental-clinics/clinic-search)

### Who can provide consent?

Parents, legal guardians or mature minors may complete these forms and provide consent.

To be considered a mature minor, the clinician must be satisfied that the student has sufficient understanding of the risks, benefits, and possible complications of their condition and proposed treatment to give informed consent.

A student may be considered capable of making some dental treatment decisions but not others. Where a secondary school-aged student isn't considered a mature minor by the clinician, they will seek consent from a parent or legal guardian.

## Child Dental Benefits Schedule (CDBS)

Some students may be eligible for the Australian Government's Child Dental Benefits Schedule (CDBS), through Medicare.

The Australian Government allows us to make a claim on your behalf for this dental care if you sign the CDBS consent form.

### What is the Child Dental Benefits Schedule (CDBS)?

CDBS is a Medicare program that provides eligible 0–17-year-olds basic dental care over a two-year period.

### Bulk-billing costs for reference

Medicare requires us to provide you with this information. If you use CDBS these amounts will be taken from your CDBS benefit cap:

Service	CDBS bulk-billed fee	How much you pay
Dental examination (check-up)	\$57.65	\$0.00
X-rays of teeth (if needed)	\$33.35 per x-ray	\$0.00
Fissure sealants (if needed)	\$50.45 (at most) per tooth	\$0.00
Tooth cleaning (if needed)	\$98.20 (at most) depending on level of cleaning needed	\$0.00
Fluoride varnish application to all teeth (if needed)	\$37.85 per application (up to two applications within 12 months)	\$0.00

## Privacy

Dental Health Services Victoria (DHSV) is delivering Smile Squad in partnership with community dental agencies. DHSV is responsible for Smile Squad patient documentation. DHSV respects your privacy and is committed to protecting your information. We will handle your information according to the *Health Records Act and Privacy and Data Protection Act*.

At certain times we will collect data and feedback for Smile Squad research and evaluation purposes and to improve our services. We will keep your identity anonymous for this.

We will need to share anonymised information between government agencies like DHSV, Department of Education, and Department of Health. We will do this so we can learn together about the oral health of all students at school in Victoria. We will remove any identifying information.

Students can use their CDBS:

- for Smile Squad services
- at a Victorian public dental clinic
- at a private dental clinic

Smile Squad will use CDBS for eligible students.

Even if you do not sign the CDBS consent form, every student will still receive free dental care from Smile Squad. **There will be no cost to you.**

We encourage you to sign the bulk-billing CDBS consent form to allow Smile Squad to claim costs under Medicare. This helps us to provide dental care to more Victorians.

Visit [www.dhsv.org.au/privacy](http://www.dhsv.org.au/privacy) to read DHSV's full privacy statement or scan the QR code below:



### Rights and responsibilities

A copy of your healthcare rights is available on the Australian Commission on Safety and Quality in Health Care website.

Office use only	DR number: _____
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School name: \_\_\_\_\_ Grade/class (e.g. 2B): \_\_\_\_\_

Student's full name: \_\_\_\_\_ Student's date of birth: \_\_\_ / \_\_\_ / \_\_\_

I give consent for the student named above to participate in the Smile Squad school dental program.

I give consent for the student to receive the following services:

**Dental examination** (check-up)  Yes  No

Note: You must say yes to a dental check-up before any other services can be provided.

**X-ray of teeth** (if needed)  Yes  No      **Fissure sealants** (if needed)  Yes  No

**Fluoride varnish** (if needed)  Yes  No      **Tooth cleaning** (if needed)  Yes  No

We are training the next generation of oral health professionals. Students might be seen by a dental/oral health student working under supervision of a qualified Smile Squad clinician.

Do you consent for the student to be seen by a dental/oral health student?  Yes  No

I agree that I have, to the best of my knowledge, provided Smile Squad with all the relevant health and personal information that is required to provide appropriate care.

In giving consent, I agree that I have read this consent form and the information contained in this pack. I have enough information to understand the following:

## Dental services

I am aware of the types of dental services offered by Smile Squad, including the benefits and risks involved, where the services will take place, and who will be providing them. All services provided are free.

## Care after dental services

I understand that a Smile Squad clinician or school staff may contact a parent, legal guardian, or carer if a student becomes unwell at school after receiving dental services, or if they require additional care that cannot be managed at school.

## Privacy

I have read and understood the privacy information in this pack and acknowledge how the program will manage student healthcare information.

Parent/guardian/student\* signature: \_\_\_\_\_

Parent/guardian/student\* full name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

\* Students aged 18 years and over, and those who are considered a mature minor for the purpose of accessing dental services can consent for themselves. This consent is valid for 12 months from the date it is signed.





**Australian Government**  
**Department of Health**

**CHILD DENTAL BENEFITS SCHEDULE  
BULK BILLING PATIENT CONSENT FORM**

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services, subject to sufficient funds being available under the benefit cap.

*I understand that I / the patient will only have access to dental benefits of up to the benefit cap.*

*I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule.*

*I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services once benefits are exhausted.*

Ref #

\_\_\_\_\_  
Patient's Medicare number

\_\_\_\_\_  
Patient / legal guardian signature

\_\_\_\_\_  
Patient's full name

\_\_\_\_\_  
Full name of person signing  
(if not the patient)

\_\_\_\_\_  
Date

This form is valid up to 31 December of the calendar year for which it is signed.

**Does the student have any known allergies?** Yes  No**If yes:**

- |   |  |  |                               |
|---|--|--|-------------------------------|
| <input type="checkbox"/> Antibiotics    | <input type="checkbox"/> Casein (milk protein) | <input type="checkbox"/> Colophony/rosin | <input type="checkbox"/> Food |
| <input type="checkbox"/> Latex or tapes | <input type="checkbox"/> Other medicines       | <input type="checkbox"/> Other           |                               |

**Is the student currently taking any medications?** Yes  No **If yes, please list medication name, dose and frequency****Does the student have any lung conditions?** Yes  No**If yes:** Asthma → If hospitalised, list month and year

- |                                       |                                       |                                |
|---------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other |
|---------------------------------------|---------------------------------------|--------------------------------|

**Does the student have a heart (cardiovascular) condition?** Yes  No**If yes:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart defect               | <input type="checkbox"/> Heart surgery                        | <input type="checkbox"/> Rheumatic heart disease |
| <input type="checkbox"/> Low or high blood pressure | <input type="checkbox"/> Excessive bleeding or blood disorder | <input type="checkbox"/> Other                   |

**Does the student have any sensory, cognitive conditions or additional needs (disability)?** Yes  No**If yes:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Anxiety or depression | <input type="checkbox"/> Attention deficit disorders  | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Physical (including needing wheelchair access) |
| <input type="checkbox"/> Intellectual          | <input type="checkbox"/> Vision or hearing impairment | <input type="checkbox"/> Other                    |   |

**Does the student have any other health or medical condition?** Yes  No**If yes:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Type 1 diabetes | <input type="checkbox"/> Type 2 diabetes | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Chronic medical condition (e.g. stroke, arthritis) |
| <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> Liver disease   | <input type="checkbox"/> Seizures or epilepsy | <input type="checkbox"/> Other surgery (e.g. transplant, artificial joint)  |
| <input type="checkbox"/> Other           |  |   |   |

**Could the student be pregnant?** Yes  No  N/A**Does the student use tobacco products (smoking) or e-cigarettes (vaping)?** Yes  No  N/A**If yes:**  Smoking  Vaping  Other**Does the student drink alcohol?** Yes  No  N/AIf you answered **other** to any of the above, please describe.

We ask the following questions to help us understand more about the student and develop the best plan for them.

Does the student have pain in their mouth (e.g. trouble sleeping because of a problem with teeth)?  Yes  No

Does the student have trouble eating or drinking because of a problem with their teeth or mouth?  Yes  No

Does the student have trouble speaking clearly because of a problem with their teeth or mouth?  Yes  No

Has the student missed school or other activities because of a problem with their teeth or mouth?  Yes  No

Does the student not smile, laugh or show teeth around other students because of a problem with their teeth or mouth?  Yes  No

Has the student had their teeth checked before?  Yes  No  
If yes, date if known \_\_\_\_\_

Has the student had any teeth filled or taken out due to tooth decay in the past three years?  Yes  No  I'm not sure

How often does the student have sugar sweetened drinks like fruit juice, soft drink or cordial?  Three or more times a day  
 Once or twice a day  
 A few times a week  
 Almost never

How often does the student brush their teeth with toothpaste?  Once a day (morning)  
 Once a day (evening)  
 Twice a day  
 Less than once a day  
 More than twice a day

Does the student have any fears or sensitivities, or negative experiences during or after previous dental visits we should know about?  Yes  No

Does the student use any strategies or supports to help cope better?  Yes  No  
e.g. favourite toy, iPhone app, book  
(if yes, provide details below and please bring along to next visit)

Does any family member or person living in the same house as the student have significant problems with their teeth and/or gums?  Yes  No  I'm not sure

Is there anything else you would like us to know before we check the student's teeth and mouth?  Yes  No  
If yes, please provide detail below.