



**“GIVE KIDS A SMILE-ADOPT A DENTIST PROGRAM”  
CONSENT TO PARTICIPATE FORM**

Dear Parent,

The school nurse recommended your child for dental care and treatment through the Give Kids A Smile Program Adopt a Dentist Program (GKAS - ADP). This is a special program where local dentists provide free dental care to a limited number of children. The value of this service is between \$200.00 and \$2,000.00.

If you agree to participate in the GKAS – ADP, your school nurse will share basic information (parent’s name, child’s name, birthdate, address, phone number, ethnicity/race, language and dental concern) with the GKAS-ADP Coordinator for record keeping and appointment coordination. In addition, the dental treatment records from the local dentist will be shared with the GKAS Program Coordinator.

Please complete the information below and return to the school nurse at your student’s school. Once the form is returned, an appointment will be scheduled for your child with a local dentist. Please complete the information below.

Child’s name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- ☐ I accept the opportunity to participate in the GKS-ADP and give permission for the information identified above to be shared with the program coordinator.
- ☐ I will provide transportation and accompany my child for dental treatment.
- ☐ I will need assistance with transportation for myself and my child.
- ☐ I will need the assistance of an interpreter. Language: \_\_\_\_\_
- ☐ I understand the Madison Metropolitan School District Schools exercises no supervision or authority over the dentist who provides care, and I waive any claims against MMSD that may arise due to my child’s participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

(If the patient is under 18 years of age, a parent/guardian must sign)

School nurse: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: \_\_\_\_\_