Access to the Public Oral Health System

The provision of dental treatment for eligible clients is free. The public dental health system is publicly funded by the government. Transport to and from dental clinics for dental treatment is the financial responsibility of each individual client and is not funded by the government.

Hospital Dental Clinic
Kingaroy – 4162 9350

Days and hours of business vary throughout the district. If the clinic is unattended a recorded message will advise you of where to contact.

Emergency Treatment
Clients (adults and children) requiring emergency treatment should contact their nearest hospital dental clinic where the problem will be assessed.

ORAL HEALTH CARE FOR SCHOOL STUDENTS REGISTRATION TO PARTICIPATE

RETURN TO SCHOOL OFFICE BY FRIDAY 13TH FEBRUARY 2015

Government funded dental care is offered to all Queensland students through the School Dental Service from the age of four years old to the completion of Grade 10. The dental team consists of a dentist, dental therapists, oral health therapists and dental assistants. You will be advised if your child needs specialist dental treatment.

Students of St Joseph’s Murgon are being offered dental treatment at Dental Drover 19 now located at Cherbourg Hospital.

Parents/Guardians must attend the first appointment to sign a consent/medical history form and if required, consent to treatment form. If you would like your child to participate in the government funded dental care program, please complete each section of the attached registration oral health services form, sign and return it to the School Office by Friday 13th February.

Please note that by signing this form, you are only advising our service of your wish to participate in the dental care program and providing personal information to allow us to contact you. Using the information that you provide to us, a staff member will contact you to arrange an appointment.

WE WILL CONTACT YOU BY PHONE TO ARRANGE AN APPOINTMENT

Please remember:
• Appointments are at Dental Drover 19.
  Phone number: 0412 369 412
• Oral Health does not accept any responsibility for transport of the children to and from their appointments
• Parents/Legal Guardian must attend on the first appointment to complete required documentation, including medical history forms.

Regards,
School Dental Service
Darling Downs Hospital and Health Service
Oral Health -Western Downs and South Burnett
Please return no later than:  
Friday 13\textsuperscript{th} February, 2015

QUEENSLAND HEALTH - ORAL HEALTH REGISTRATION

INFORMATION ABOUT YOUR CHILD/REN

To register please complete all relevant sections on this page.

<table>
<thead>
<tr>
<th>Name of Parent or Legal Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Home Phone No.</td>
</tr>
<tr>
<td>Contact Mobile No.</td>
</tr>
<tr>
<td>Contact Work Phone No.</td>
</tr>
<tr>
<td>Contact Fax No.</td>
</tr>
<tr>
<td>Contact Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
</tbody>
</table>

School attended

List any children previously treated by the School Dental Service in Queensland and where

AUTHORITY TO CONTACT

Important Notice: This authority will remain valid unless revoked in writing

<table>
<thead>
<tr>
<th>Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I give consent to a representative of Queensland Health contacting me regarding oral health services for my child either directly or via the school.</td>
</tr>
</tbody>
</table>

Signature

Date _____ / _____ / ______

Name – Please print

Relationship to Child/ren

Mother ☐  Father ☐  Legal Guardian ☐

THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN

CHILDREN ATTENDING ST JOSEPH’S SCHOOL TO BE REGISTERED

<table>
<thead>
<tr>
<th>CHILD’S NAME: ___________________</th>
<th>Date of Birth: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male / Female</td>
<td>Year Level: _______</td>
</tr>
<tr>
<td></td>
<td>Class: _______</td>
</tr>
</tbody>
</table>

Wheelchair Access required Yes ☐  No ☐

Is your child of Indigenous origin? (Please tick)

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander

In which country was your child born?

☐ Australia ☐ Another country (name of country):

<table>
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Wheelchair Access required Yes ☐  No ☐

Is your child of Indigenous origin? (Please tick)

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Wheelchair Access required Yes ☐  No ☐

Is your child of Indigenous origin? (Please tick)

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ South Sea Islander

In which country was your child born?

☐ Australia ☐ Another country (name of country):

Please attach addition information if required for extra children