

Facility: Van 119
 Phone: 4303 8059

OFFER OF DENTAL TREATMENT

We are now offering students of St John's Lutheran School an examination and treatment at the Oral Health facility which is due at your school soon

CHILD ELIGIBILITY CRITERIA - There are 2 ways to be eligible

- 1** Be eligible for Medicare & Child Dental Benefits Schedule **OR**
- 2** Be eligible for Medicare & be aged between Age 4 & Grade 10

A Parent/Guardian MUST attend the 1st appointment

After that we encourage a parent or responsible adult to come to any further appointments

*** Please note ***

If you are not the LEGAL parent of this child, please complete the details below

Foster carer YES
 If Yes you must produce Authority to care papers

Grandparent or relative YES
 If Yes you need to produce legal papers which support your guardianship
 If there are no legal papers, the parent **MUST** to be contactable by phone

Parent phone number

Please be aware that failure to attend an appointment can delay treatment for your child and for other children at your school

To accept this offer:

Please complete this form and return to the office by:

We will be in contact with you to arrange your first appointment

Note: Ref no. is in front of child's name

Child's Medicare Card No:										Ref No.	Card expiry date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Last Name as per Medicare Card

Child's First Name as per Medicare Card

Child is also known as

Child's DOB d / m / y

Gender

Child's Year Class School

Home Address:

Postal address:

Home Phone Number

Parent Mobile Number

Student Mobile Number

Indigenous status N - non Aboriginal, A - Aboriginal, T - Torres Strait Is, AT - both

Country of birth Language

I consent to receive SMS messages Yes No

I consent for a Medicare Balance Check Yes No

*** Parent/Guardian Name**

*** Relationship to child**