## **Dental Release of Information**

Phone: 802-460-1550

Fax: 802-885-8112

Child's Name:	DOB:
I give permission for SEVCA Windsor County Head Start staff, including the Tooth-	
Tutor, to share and/or obtain information regarding my child's dental history, including	
Exams, procedures, and contact info	rmation, with  Dental Provider's Name
City/Town	State
My child doesn't have a dentist at this time.	
*See fax/letter cover sheet for information requested.	
Thank you for your assistance,	
Parent/Guardian Signature	Date
Staff Signature	Date
staff use only	
Date Faxed/Sent:	By:
Date Faxed/Sent:	By:
Date Faxed/Sent:	By:
This program is administered by Southeastern Vermont Community Action/SEVCA	

Revised 8/15 hf Reviewed 8/16, 5/17hf, 8/18hf