Office for Health Improvement & Disparities

For Office Use:

LA name: _____

School name: _____

School Postcode: _____

Child ID number: _____

National Dental Survey, 2025 to 2026

I have read and understood the information for parents and persons with parental responsibility

Delete as necessary:

I agree to my child having a dental check as part of the national dental survey 2025 to 2026

I do not agree to my child having a dental check as part of the national dental survey 2025 to 2026

Child's full name: _____

Child's date of birth: _____

Child's home postcode: _____

Child's ethnicity: _____

Name of parent or person with parental responsibility: _____

Signature of parent or person with parental responsibility: _____

Date: _____

Please return this form to your child's school. Thank you.