

School Consent Form



MySchoolSmiles – School Dental Health Screening Program

Permission to Conduct School Dental Health Screening

School Details

Date: _____

School Name: _____

School Address: _____

Contact Person: _____

Designation: _____

Phone / Email: _____

School Consent

We hereby grant permission to **MySchoolSmiles – School Dental Health Screening Program** to conduct basic dental screening at our school premises on the agreed date(s), subject to receipt of written parental consent.

We acknowledge that the program is preventive and educational in nature.

Program details are given in a separate document.

Authorised School Representative

Name: _____

Designation: _____

Signature & School Stamp: _____

Date: _____

Program Provider

Dr. Syed Ameer Haider Jafri

Licensed Pediatric Dentist

MySchoolSmiles – School Dental Health Program

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