



Office for Health
Improvement
& Disparities

National Dental Survey, 2022 to 2023



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



**I agree to my child having a dental check as part of
the national dental survey 2022 to 2023**

Child's name: _____

Child's date of birth: _____

Child's home postcode: _____

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.