

## Consent Form for Drug Awareness Education Session

To: Parent/Guardian of

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

From:

As part of a teen dental health education curriculum, a class session will be dedicated towards increasing awareness regarding drug usage and its oral health effects. Specific topics addressed will include: tobacco, alcohol, crack cocaine, and methamphetamine. Please indicate whether you will grant your child permission to participate in the Drug Awareness Education session. A copy of the curriculum is available for review upon request.

Please check the appropriate box:

- Yes, I certify that my child may participate in the Dental Health Drug Awareness Education session.
- No, I certify that my child may NOT participate in the Dental Health Drug Awareness Education session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_