



Office for Health
Improvement
& Disparities



National Dental Survey, 2025 to 2026



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 2025 to 2026.



Yes _____ No _____

Crosshall Infant School

Child's name: _____

Child's date of birth: _____

Child's home postcode: _____

Are they a twin or triplet?? _____

Gender of child: Male _____ Female _____ Other _____

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.

