



Brighter Smiles - BC Children's Hospital

Penlight Examination Consent Form

Dear Nisga'a Parents and Guardians:

Dr. Joy Richman is a Pediatric Dentist from BC Children's Hospital who will be coming to the Nisga'a First Nation October 4 to 10, 2026. This consent form will allow her to do a quick check of the children's teeth using a penlight and to provide berry-flavoured fluoride varnish to the children's teeth to help prevent cavities. The purpose of the penlight exam is so that we can plan dental care for all the children who require it. The penlight exam can be done easily in clinic or a quiet space at the school. If you have any questions about dental health, we are happy to help answer your questions. Thank you for extending the warm hand of partnership to the Brighter Smiles team. Yours sincerely, Damian Duffy, Brighter Smiles Facilitator

Name of Child: _____

Date of Birth: _____

Provincial Health Number: _____

Canada Life Benefit Number: _____

Address: _____

Phone Number: _____

Permission for Dental Examination and Screening

Re: _____

(Name of Child)

With regards to the above-named patient, I, the undersigned do hereby consent to:

- ☐ **Dental Examination by Pen Light**
- ☐ **Application of berry-flavoured fluoride varnish (cavity prevention)**
- ☐ **Dental X-Rays**

The nature and anticipated effects of the dental screening above have been explained to me by Dr. Richman and her dental team and I understand the explanation.

Parent/Guardian name: _____

Parent/Guardian signature: _____

Dated: _____ day of _____ 20 _____