

Dear Parent/Guardian:



Xavier Charter School and South Central Public Health District (SCPHD) are offering a dental clinic for all students in grades 1-8. A registered dental hygienist will come to the school to provide Dental Sealants for your child(ren) at **no cost to you! Insurance/Medicaid will be billed, but no costs will be passed on to you, and uninsured children can still participate.** This clinic will take place in February 2015.

Registered dental hygienists will determine if sealants can be done, apply sealants (if needed), and provide a fluoride treatment and tooth brushing instructions with a new toothbrush. The Clinic will be during normal school hours and follow recommendations from the American Dental Association and the Centers for Disease Control and Prevention. After the clinic, a follow up letter will be sent home to describe what was completed and what is recommended for future good oral health. Please fill out the following information about your child and indicate if you want your child to receive dental services. This also includes a sealant retention check next school year to make sure the sealants are still on the teeth.

Child's Last Name: _____ First Name: _____ Child's Gender: Boy ___ Girl ___

Child's Date of Birth (month/day/year) ___/___/___ Child's Teacher: _____ Grade Level: _____

Do you have a family dentist? Yes ___ No ___

When was your child last seen by a dentist? Within the last 12 months: ___ Over one year ago: ___ Never: ___

Yes, I want my child to participate in the school-based Dental Clinic and authorize Idaho Smiles or other third party insurance company to be billed.

(Print) Name of Parent/Guardian Signature of Parent/Guardian Date:

Mailing Address: _____

Home phone: _____ Daytime phone: _____

Is your child enrolled in Idaho Smiles or Medicaid? Yes / No

If yes, include child's Idaho Smiles / Medicaid number _____

Is your child covered by private dental insurance? Yes / No

If yes, provide name of insured (parent who has the policy) _____

Insured's date of birth _____ Policyholder/Subscriber# (ID or SSN#) _____

Insured's employer _____ Group number _____

Name of insurance company _____

Has your child ever had rheumatic fever or rheumatic heart disease? Yes / No

Does your child have diabetes? Yes / No

Does your child have any significant health problems? Yes / No

If yes, please describe: _____

Does your child have allergies, including latex, wood rosin/resins, or pine nuts? Yes / No

If yes, please describe: _____

Does your child take medications prescribed by a doctor? Yes / No

If yes, please describe: _____

Does your child receive speech therapy or physical therapy? Yes / No

If yes, please describe: _____

- I acknowledge that I have received a copy of the Health District Notice of Privacy Policy.
- I authorize the release of information on my child's dental visit to SCPHD, my child's elementary school, Medicaid or other insurance companies as applicable.
- I am the custodial parent or legal guardian of the child named above. I authorize and consent to this child receiving the dental treatment as described above.
- I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to SCPHD.

→Parent or Guardian's Signature _____ Date _____

No, I do not want my child to participate in the school-based Dental Clinic.

(Print) Name of Parent/Guardian Signature of Parent/Guardian Date:

WHAT ARE DENTAL SEALANTS?

Sealants are a simple and effective way to prevent the most common type of tooth decay in molar teeth. The chewing surfaces of molars have many deep pits and grooves where the bacteria that cause cavities hide. These pits and grooves are hard to clean with a toothbrush. Sealants are a plastic coating that is painted on the teeth to seal the pits and grooves and prevent tooth decay.

IS THIS A PAINFUL PROCEDURE?

Placing sealants is painless and easy for your child. The tooth is cleaned, conditioned, dried, and painted with the plastic sealant. It *is* important that you instruct your child to be on their best behavior and to be cooperative. Sealant appointments are a great way to build self-esteem in your child.

WILL SEALANTS PROTECT MY CHILD FROM EVER HAVING CAVITIES?

Sealants only protect the chewing surfaces of the molars and will not prevent decay in between teeth, in the front teeth, or on the roots. However, studies show that 84% of tooth decay in children occurs in the pits and grooves of permanent molars, areas best protected by sealants. Without sealants, 75% of lower first permanent molars decay by age 13. While sealants do not completely protect your child from tooth decay, they significantly reduce the chances of decay.

WHAT ARE FLUORIDE TREATMENTS?

Fluoride is a naturally occurring mineral. Fluoride applications have been proven to be effective in preventing and reversing the early signs of tooth decay.

IS THIS A PAINFUL PROCEDURE?

The fluoride will be applied on all of your child's teeth. The teeth will have a "yellow tint", which is the fluoride coating, which will disappear. Children should not brush the evening of their application, to allow the fluoride to penetrate the tooth surface.

WILL THE VARNISH PROTECT MY CHILD FROM EVER HAVING CAVITIES?

Fluoride varnish, which is a gel-like substance that is "painted" on the child's teeth with a small brush, strengthens tooth enamel to reduce and/or prevent tooth decay. The varnish is very safe since it's applied directly to the teeth. While fluoride varnish does not completely protect your child from tooth decay, it does significantly reduce the chances of decay.