

Healthy Smiles for Waupaca County: Seal-A-Smile

DENTAL SEALANT/FLUORIDE PERMISSION SLIP

Healthy Smiles of Waupaca County is offering a preventive dental sealant program for children in ALL grades. This program is funded by the Wisconsin Seal-A-Smile, a collaborative program of Children's Health Alliance of Wisconsin and the Wisconsin Department of Health Services. A licensed dental provider will come to the school to provide the sealant program at no charge to you. The program includes: assessment to determine if sealants can be done, sealants if appropriate, and fluoride treatments. A follow-up letter will be sent home to describe what was completed and what is recommended for future needs. All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention's recommendations for school-based dental sealant programs. This permission is effective for two years in order to replace lost sealants when checked after one year or to have sealants applied on teeth that were not sealed this year.

Child Last Name: _____ First Name: _____ M ___ F ___ Date of Birth ___/___/___
Child's Teacher: _____ Grade: _____ Parent Phone # _____
Mailing Address: _____ Zip: _____
Email Address: _____

YES, I do want my child to participate in school-based dental prevention program and authorize Forward Health or any other third party insurance company to be billed for billable services. I give the school permission to share my child's Wisconsin Student ID number with the school-based program.

(Please fill out the rest of the form and return to your child's school)

NO, I don't want my child to participate in the school-based dental prevention program. (Sign and return to your child's school)
Reason for not participating? _____

What type of DENTAL insurance does your child have?

Note: No student will be refused services based on their insurance coverage

Forward Health/Medicaid/BadgerCare Private Insurance (i.e. Delta, Cigna) No Insurance Other _____

Ethnicity (select one): Hispanic Non-Hispanic Unknown

Race (select one): White Black/African American Asian American Indian/Alaska native
 Native Hawaiian/Pacific Islander Unknown/not available

Please answer the following questions about your child: (Circle one)

1. Does your child use medicine prescribed by a doctor? YES NO

If yes, what kind? _____

2. Does your child need or use more medical care than other children the same age? YES NO

3. Does your child have trouble doing things most children the same age can do? YES NO

4. Does your child need or get special therapy, such as physical therapy, occupational therapy or speech therapy? YES NO

5. Does your child need counseling or treatment for behavior problems, emotional problems, or delays in walking, talking or activities other children the same age can do? YES NO

If you selected "yes" to any of the questions (1-5) above: Has this problem lasted or is expected to last at least 12 months? YES NO

Does your child have any allergies? (i.e. medications, food, latex, etc.) YES NO

If yes what type? _____

Has your child been seen by a dentist? Yes, within one year Yes, over one year ago Never

Name of your child's primary dentist: _____

Is there anything else about your child you would like us to know?

_____/_____/_____
(Print) parent/guardian (signature) parent/guardian Date ___/___/___

****The treatment which your child will receive in this program is not meant to be an alternative to regular dental care. It is still strongly recommended that you seek out a dental home (family dentist) for routine care including any follow up care which may be recommended after your child has completed this school based oral health program.**

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Dear Parent,

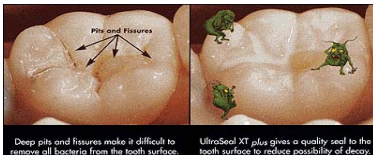
Did you know???

- In the US, children miss about 52 million hours of school each year because of dental problems.
- Poor oral health and untreated oral diseases and conditions can largely affect the ability to learn.
- 90 percent of decay in children's permanent teeth occurs on the chewing surfaces of the back teeth, sealants serve as a physical barrier to the bacteria that cause decay.

Healthy Smiles for Waupaca County is offering a preventive dental sealant/ fluoride varnish program in your school for all children at **no charge** to you or your school. A dental professional will come to your child's school at three different visits to provide the following services to your child.

What exactly does this program offer for my child?

- Dental screenings
- Dental sealants on permanent molar teeth
- Fluoride varnishes (1 - 3 fluoride treatments)
- Tooth brushing instructions and oral health education
- Toothbrush and toothpaste
- A letter sent home explaining what services were done and suggestions for further treatment after each visit
- 3rd visit is performed the next school year to follow up and to apply or replace any needed sealants



What is a dental sealant?

- A sealant is a thin, tooth-colored, plastic coating that is painted on a tooth to help prevent cavities from forming.
- Your child will be checked to determine which permanent molar teeth can have sealants; sealants will be placed that same day.

What if my child already has sealants?

- Our Registered Dental Hygienist will check your child's sealants and replace those that may no longer be there.

What is fluoride varnish?

- Fluoride varnish is a topical gel that is painted onto the teeth, making them stronger.
- Your child will receive one to three applications through this program according to their cavity risk assessment.

Please read and sign the permission slip attached and return it to your child's teacher/school office.

If you have questions about this program, please call 715.412.3320