# \*\*\*\*PLEASE CHOOSE YES OR NO, SIGN AND RETURN TO SCHOOL\*\*\*\* Healthy Teeth, Healthy Lives for Marquette County: Seal-A-Smile DENTAL SEALANT/FLUORIDE PERMISSION SLIP

Healthy Teeth, Healthy Lives for Marquette County is offering a preventive dental sealant program for children in 4K-6th 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:			ırst Name:			
Date of Birth Child's Teacher: Mailing Address:	_//		<b></b> "			
Child's Teacher:		Grade: _	_ Phone #		7:	
					_ Zip:	
Lilian Addi ess					_	
YES, I do want my any other third party ir child's Wisconsin Stude (Please fill out the res	nsurance company to ent ID number with t	o be billed for bill he school-based p	able services. I giv rogram.	rogram and au e the school po	thorize Forward Healt ermission to share my	th or '
NO, I don't want m child's school) Reason for not partici			·		(Sign and return to y	our (
What type of DENTAL • Note: No student ○ Forward Health/Medica	will be refused services	based on their insura	nnce coverage .e. Delta, Cigna) (	) No Insurance	Other	_
Ethnicity (select one):	) Hispanic	O Non-Hispanic	○ Unknown			
Race (select one): O W O Native	Vhite ○ Black/Afric Hawaiian/Pacific Isla			erican Indian/Al	aska native	
Please answer the follo 1.Does your child use med If yes, what kind?	wing questions about dicine prescribed by a	t your child: (Circle doctor?	e one)		YES NO	
2.Does your child need or use more medical care than other children the same age? 3.Does your child have trouble doing things most children the same age can do? 4.Does your child need or get special therapy, such as physical therapy,					YES NO YES NO	
occupational therapy or s	speech therapy?		• • •	oms	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?  If you selected "yes" to any of the questions (1-5) above: Has this problem lasted or is expected					YES NO	
to last at least 12 months	s?			is expected	YES NO	
Does your child have any If yes what type?		cations, food, latex	c, etc.)		YES NO	
Has your child been seen Name of your child's pi					O Never	
Is there anything else	about your child you	u would like us to	know?			
		/		_Date/_	/	
(Print) parent/guardian		(signature) p	arent/guardian			

<sup>\*\*</sup>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.

# Healthy Teeth, Healthy Lives for Marquette County: Seal-A-Smile

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 Teeth, Healthy Lives for Marquette County is offering a preventive dental sealant/ fluoride varnish program in your school for children in 2nd, 3rd, 5th and 6th grades at **no charge** to you or your school. A dental professional will come to your child's school at <u>three</u> 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

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 920-420-8880.