

DENTAL SEALANT PROGRAM



Keeping your child's smile healthy!

Tennessee Department of Health's School Based Dental Prevention Program offers dental preventive services to your child for **FREE!**

- Screenings and Education
- Sealants
- Fluoride Varnish



Complete the back of this form to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

PREVENTION VS. TREATMENT



Sealants, free and at your school



Treatment, a costly trip to the dentist

Getting sealants are as easy as brushing your teeth and painless too!



For more information about our program and dental health, visit us on our website.

My child has already had sealants and sees a dentist regularly, should they participate?

YES!

Sealants can last for many years but if your child's sealants come off, we can replace them on all permanent back teeth as needed for **FREE!**

Tooth Decay: *The Problem*

- Tooth decay is the single most common chronic childhood disease.
- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.

Dental Sealants: *The Solution*

- Dental sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth.
- Sealants prevent tooth decay and also stop cavities from growing.

Prevention vs. Treatment

- Preventive sealants are a short and easy process. The chewing surfaces of teeth are cleaned to help the sealant stick to the tooth. The sealant is painted into the grooves of the chewing surface, where it bonds to the tooth.
- Treatment requires an appointment with the dentist and may include (drilling) removing tooth structure/ replacing tooth structure.

The Tennessee Department of Health has placed over **3.5 million sealants** on children in Tennessee schools since 2001. Visit us at: TN.gov/health/section/oralhealth

DENTAL SEALANT PROGRAM PARENT CONSENT FORM

Dental Sealant & Fluoride Varnish Program

About Your Child

Child's Name: _____
First Middle Last Sex Birth Date Age

Home Address: _____
Street City State Zip Code

Best Number to Reach You _____ Name of School _____ Grade _____ Teacher _____

Race (Please check all that apply): White Black/African American Asian American Indian/Alaska Native
 Hispanic Native Hawaiian/Pacific Islander Other

_____ Does your child have TennCare? Yes No
Child's Social Security Number

Tooth decay is one of the most common diseases found in children. Fluoride varnish can be painted on teeth to protect teeth from cavities. Fluoride varnish can be applied up to four times a year.

Health History

Has your child seen a dentist within the past 12 months? Yes No

Does your child have allergies? Yes No

If yes, what? _____

Is your child taking any medications? Yes No

If yes, what? _____

Is there anything else we should know about the health/behavior of your child? Yes No
(Examples: ADHD, Autism, Seizure Disorders, etc.)

If yes, what? _____

Parent Consent

I give consent for my child to participate in the school-based dental preventive program conducted by Tennessee Department of Health. To the best of my knowledge, the medical history questions have been answered accurately. I have been given a copy of the health department's notice of privacy practices, or it is available to me through the school nurse or by calling my local health department.



Signature of Parent or Guardian

Date

PLEASE COMPLETE AND SIGN in INK



Unprotected
No Sealant



Protected
After Sealant