



## SEALANTS



Unprotected  
No Sealant



Protected  
After Sealant

## SILVER DIAMINE FLUORIDE (SDF)



Active Decay



Non-Active Decay

About Your Child

Child's Name:

First

Middle

Last

Sex

Birth Date

Age

Home Address:

Street

City

State

Zip Code

Phone Number

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 (Optional)

### ***Parent/Guardian: Please Complete the Student Health History Below***

Does your child have any allergies?  Yes  No Any allergies to silver/metals?  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

If yes, what? \_\_\_\_\_

Has your child visited a dentist within the last twelve months?  Yes  No

Health History

Parent Consent

I give consent for my child to participate in the sealant, fluoride varnish, and silver diamine fluoride programs provided by the TN 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