

**DENTAL PROGRAM AT SCHOOL**  
**Please Sign and Return This Form**

**School-based Dental Sealant Program**

A **dental sealant program** is being offered in your child's school. The program includes students in 2<sup>nd</sup> grade and participation continues through 8<sup>th</sup> grade.

This program prevents tooth decay by placing a thin plastic coating, called a **sealant**, on the chewing surfaces of the teeth. A dental screening will be completed to determine if sealants are appropriate for your child's teeth. This dental screening is not intended to take the place of a complete dental examination, which your child should have on a regular basis from his or her dentist.

**YES** I want my child to have **free dental sealants**.  
When the program is offered in future years, I would like the sealants checked and additional sealants placed on newly erupted teeth.

**NO** I do not want my child to have sealants.

Date \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Select all that apply to your child:

- White
- Black or African American
- Hispanic
- Asian/Pacific Islander
- Native American
- Other

**Would you like information about free or reduced cost health insurance that may be available for your child?**

YES       NO

SCHOOL \_\_\_\_\_ Homeroom \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ [ ] Male [ ] Female

Please answer the following questions:

1. Is your child currently under a physician's care?      **Yes**      **No**
2. Is your child currently taking any medications?      **Yes**      **No**
3. Has your child ever had any allergic reactions?      **Yes**      **No**  
Please explain any YES answers: \_\_\_\_\_
4. Does your child have a dentist?      **Yes**      **No**      Name \_\_\_\_\_
5. Is your child eligible for the free/reduced cost lunch program at school?      **Yes**      **No**
6. My child's most recent dental visit was within the last:  
6 months      12 months      3 years      5 years      Has never seen dentist

All students are eligible – even if they have dental insurance. No payment is required from you or your dental insurance plan.

7. How do you pay for your child's dental care? (check all that apply)  
Self  
Medicaid / Title XIX  
hawk-i  
Private dental insurance  
Other

**Medicaid (Title XIX) may cover part of our cost – please sign for authorization if your child participates in the Title XIX program.**

\_\_\_\_\_  
(signature)

If you would like additional information about this program, please call

\_\_\_\_\_