

**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? | <b>Yes</b> | <b>No</b> |
| 2. Is your child currently taking any medications?   | <b>Yes</b> | <b>No</b> |
| 3. Has your child ever had any allergic reactions?   | <b>Yes</b> | <b>No</b> |
- 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**

\_\_\_\_\_