SMILE UNITED

Preventive Oral Health Program

Dear Parent /Legal Guardian:

A preventive oral health program will be provided for your child at his/her school at **no cost** to the parent. Permission is required from one parent or legal guardian before your child can take part in this program.

The goal of this program is to teach each child how to properly clean his/her teeth, provide a dental exam, prophy (dental cleaning), fluoride treatment and place protective sealants, if needed. Dental sealants are tooth-colored protective coatings on the chewing surfaces of healthy back teeth that act as a barrier to prevent cavities.

A **licensed dentist or licensed dental hygienist** from the Leon County Health Department will provide an assessment of your child's teeth**.** Your child **will not** be given any sedatives, shots, medications or x-rays. If your child has any cavities, they will be referred to a dental office for treatment.

This program is for educational and preventive purposes only.

After your child is treated, a letter will be sent home describing what was done and what follow-up care is needed.

This program should not replace a complete dental check-up in a dental office.

If you would like your child to receive these services, you must:

COMPLETE AND RETURN THE ENCLOSED FORMS TO

YOUR CHILD'S HOMEROOM TEACHER

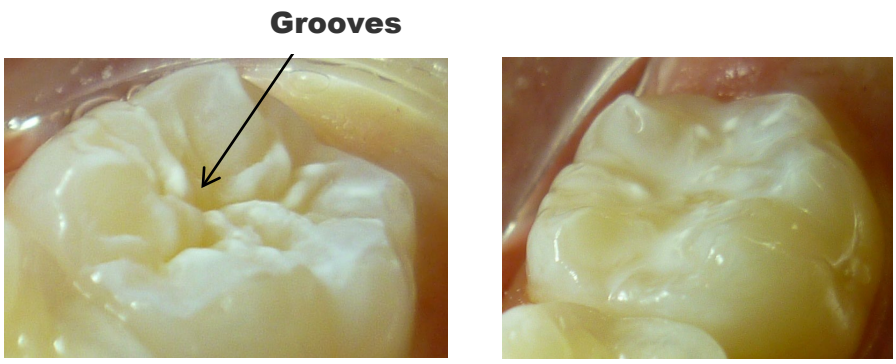
DUE NO LATER THAN: _____

FDOH-MOLAR EXPRESS
912 Railroad Ave.
Tallahassee, FL 32301
850-606-8400

SMILE UNITED

A **FREE** Program for 2nd and 6th Graders

What you need to know about SEALANTS



Before Sealant **After Sealant**

SEALANTS
For Healthy Smiles

What is a Sealant?
Dental sealants act as a barrier to prevent cavities. A sealant is a thin protective coating that keeps food and germs out of the grooves of the teeth and helps protect teeth from tooth decay.

How are sealants applied?
The chewing surfaces including the grooves of the teeth are cleaned to help the sealant stick to the tooth. The sealant is painted into the grooves, where it bonds to the tooth. A special light is shined onto the tooth to help the sealant harden.

FDOH – Leon County
912 Railroad Avenue, Tallahassee, FL 32310
(850-606-8400)

Which teeth are sealed?
Back teeth known as molars and premolars. These teeth need to last a life time.

A sealant needs to be placed as soon as the permanent tooth appears in the mouth, usually around five or six years old.

Sealants usually last about 5 years, some longer. Sealants should be checked once a year and replaced if necessary.

No Cost to Parent **SMILE UNITED: Preventive Oral Health Program** Teacher: _____
School: _____

LEON COUNTY SCHOOLS LCS

United Way
United Way of the Big Bend

☐ **Yes** I approve of my child's participation in this program.
☐ **No*** I do not approve of my child's participation in this program. ***Please return form regardless of participation preference**

Name of Child _____ **Sex** ☐ M ☐ F
Street Address _____ **Zip Code** _____
Date of Birth _____

Race
☐ American Indian/Alaskan Native ☐ Asian
☐ Black/African American ☐Native Hawaiian ☐ Other _____
☐ Hispanic ☐ White

Check which insurance applies: ☐ Liberty ☐ DentaQuest ☐ MCNA ☐ Private Insurance ☐ None

Child Medicaid # _____

If you do not know your child's Medicaid number, please provide the last four digits of their SSN: _____

Child on Free or Reduced Lunch Program? ☐ Yes ☐ No

Child's Parent/Guardian's Name: _____ **Relationship:** _____
Daytime Telephone: _____

****Anyone other than a natural parent giving consent for treatment must provide legal documentation of guardianship. ****

Child's Health History

Please check **YES** or **NO** for each of the following regarding your child's health: (check all that apply)

YES	NO	
☐	☐	Has your child received a dental check-up or dental care within the last year? Dentist Name: _____
☐	☐	Does your child have a history of a heart murmur?
☐	☐	Does your child have Asthma? Asthma medicine: _____
☐	☐	Does your child need antibiotics (e.g. amoxicillin) before dental care?
☐	☐	Is your child allergic to anything? Please list: _____
☐	☐	Does your child have any health problem(s)? If none, please write N/A. _____
☐	☐	Has your child ever been hospitalized? Why? _____
☐	☐	Does your child take any medications? List: _____
☐	☐	Has your child ever had a negative reaction to dental treatment? Explain: _____

Please add any comment or additional information you feel is important for us to know:
_____

I certify I have **READ** and **UNDERSTAND** the above questions and have answered them to the best of my knowledge. This dental care may include: dental screening/assessment, prophy (dental cleaning), sealants and fluoride. I understand that my child is not being provided other dental care that she/he may need. These services are not a substitute for a comprehensive dental examination. I authorize the dental providers to receive payment from any insurance or third party payer that covers the services provided to this patient. Services will be provided to all children at no cost to the patient.

Parent signature: _____ Date: _____
Dentist signature: _____

Rev. 8/16/2023