

# Healthy Smiles for Waupaca County: Seal-A-Smile

Dear Parent of a 2nd or 6th grader,

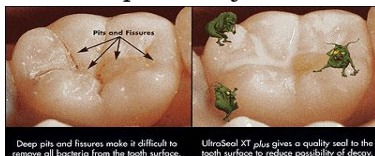
## **Did you know???**

- In the US, children miss about 52 million hours of school each year because of dental problems.
- Poor oral health and untreated oral diseases and conditions can largely affect the ability to learn.
- 90 percent of decay in children's permanent teeth occurs on the chewing surfaces of the back teeth, sealants serve as a physical barrier to the bacteria that cause decay.

Healthy Smiles for Waupaca County is offering a preventive dental sealant/ fluoride varnish program in your school for all children in 2nd and 6th grades at **no charge** to you or your school. A dental professional will come to your child's school at three different visits to provide the following services to your child.

## **What exactly does this program offer for my child?**

- Dental screenings
- Dental sealants on permanent molar teeth
- Fluoride varnishes (1 - 3 fluoride treatments)
- Tooth brushing instructions and oral health education
- Toothbrush and toothpaste
- A letter sent home explaining what services were done and suggestions for further treatment after each visit
- 3<sup>rd</sup> visit is performed when your child is in 3<sup>rd</sup> or 7<sup>th</sup> grade to follow up and to apply or replace any needed sealants



## **What is a dental sealant?**

- A sealant is a thin, tooth-colored, plastic coating that is painted on a tooth to help prevent cavities from forming.
- Your child will be checked to determine which permanent molar teeth can have sealants; sealants will be placed that same day.

## **What if my child already has sealants?**

- Our Registered Dental Hygienist will check your child's sealants and replace those that may no longer be there.

## **What is fluoride varnish?**

- Fluoride varnish is a topical gel that is painted onto the teeth, making them stronger.
- Your child will receive one to three applications through this program according to their cavity risk assessment.

**Please read and sign the permission slip on the back of this sheet and return it to your child's teacher/school office.**

If you have questions about this program, please call 715.258.6285.

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## DENTAL SEALANT/FLUORIDE PERMISSION SLIP

All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention's recommendations for school-based dental sealant programs. This permission slip is effective for two years in order to replace any lost sealants when checked after one year or to place sealants on any newly erupted molar teeth that were not sealed earlier.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**Child's School:** \_\_\_\_\_ **Teacher** \_\_\_\_\_ **Grade:** \_\_\_\_\_

- YES**, I want my child to participate in the Healthy Smiles for Waupaca County program and receive any preventive services determined to be necessary. I understand that this program is offered at no cost to me and that Medicaid/BadgerCare may be billed for services. I understand that any dental concerns may be shared with my child's school/county nurse or dental health professional. **(Please fill out rest of form below)**

**Signature Parent/guardian** \_\_\_\_\_ **Print name** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Parent Phone#** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dental office:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

- NO**, I don't want my child to participate in the school-based dental prevention program.  
(Signature) Parent/guardian ( \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_)

### If your child will be participating, please complete the following questions about your child:

1. Does your child have any allergies? (i.e. medications, food, latex, etc.) YES NO

If yes what type? \_\_\_\_\_

2. Does your child use medicine prescribed by a doctor? YES NO **If yes, what kind?** \_\_\_\_\_

3. Does your child need or use more medical care than other children the same age? YES NO

4. Does your child have trouble doing things most children the same age can do? YES NO

5. Does your child need or get special therapy, such as physical therapy, occupational therapy or speech therapy? YES NO

6. Does your child need counseling or treatment for behavior problems, emotional problems, or delays in walking, talking, or activities other children the same age can do? YES NO

**If you selected "yes" to questions #2-6 above:** Has this problem lasted or is expected to last at least 12 months? YES NO

7. Has your child been seen by a dentist? Yes, within one year Yes, over one year ago Never

8. Do you have well water? YES NO

9. I give Healthy Smiles for Waupaca County Program permission to take and use dental photos for newspapers or brochures, and waive any claim for financial compensation (child's name will not be used). YES NO

10. What type of DENTAL insurance does your child have? (No child will be refused services based on their insurance coverage)

Forward Health/ Medicaid/BadgerCare  Private Insurance (i.e. Delta, Cigna)

No Insurance  Other

**Race/Ethnicity (optional):**  White  Black/African American  Hispanic  Asian

American Indian/Alaska native  Native Hawaiian/Pacific Islander  Other

I wish to receive a Notice of Privacy Practices via email: \_\_\_\_\_ or by mail: \_\_\_\_\_ or you may call 715-258-6323.

**\*\*The treatment which your child will receive in this program is not meant to be an alternative to regular dental care. It is still strongly recommended that you seek out a dental home (family dentist) for routine care including any follow up care which may be recommended after your child has completed this school based oral health program.**

Healthy Smiles for Waupaca County is a voluntary program. The staff conducting preventive dental sealant/fluoride programming and screening's are mandated reporters under the State of Wisconsin Children's Code (Chp. 48.981 (1) (2)), and if the staff have "reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur", shall report that information to the county of jurisdiction's child protective services