

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

**Taylor County Public Health - School-based Dental Sealant Program**

A **free dental sealant program** is being offered in your child's school. The program includes 2<sup>nd</sup> grade through 5<sup>th</sup> grade and 9<sup>th</sup> grade students. This program prevents tooth decay by placing a thin plastic coating, called a **sealant** on the chewing surfaces of back molar 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. Fluoride varnish may also be applied to all tooth surfaces to prevent cavities.

Sealants will be provided at **no cost to you or the school.**

- YES** I want my child to have a **free dental screening, dental sealants and fluoride varnish.**
- NO** I do not want my child to have a **dental screening, dental sealants and fluoride varnish.**

- Notice of Privacy Practices is available at Taylor County Public Health Agency, upon request.
- I understand that this consent is good for one (1) year unless withdrawn in writing by parent or guardian.
- I understand that the services that will be received do not take the place of regular dental checkups at a dental office or a medical check-up by a doctor. No x-rays will be taken.
- I understand that these services are provided under the Iowa Department of Public Health, Maternal and Child Health Program.
- I understand records created and maintained as part of this program are the property of the Iowa Department of Public Health.
- I understand that the information from these records may be shared with the Iowa Department of Public Health (Bureaus of Family Health or Oral & Health Delivery Systems), the Iowa Department of Human Services, or designee.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I voluntarily authorize Taylor County Public Health Agency to release, obtain, or exchange information with the following: physicians, primary care practitioner, dentists, school nurse, (other, specify) \_\_\_\_\_ . This release does not authorize disclosure of material protected by federal and/or state law applicable to substance abuse, mental health, and/or AIDS-related information.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SCHOOL Bedford Homeroom \_\_\_\_\_  
 Student ID # \_\_\_\_\_ Grade \_\_\_\_\_

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

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

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

**Please answer the following questions:**

1. **Physician's Name** \_\_\_\_\_
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. **Dentist's Name** \_\_\_\_\_
5. Do you have any concerns about your child's teeth?  **Yes**  **No**  
If yes, explain: \_\_\_\_\_
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.

How do you pay for your child's dental care? (check all that apply)

Self  Medicaid / Title XIX (# \_\_\_\_\_)

**hawk-i**  Other \_\_\_\_\_

Private dental insurance

Medicaid (Title XIX) may cover part of our cost –your signature is authorization if your child participates in the Title XIX program.

- Select all that apply to your child:
- White  Black or African American  
 Hispanic  Asian/Pacific Islander  
 Native American  Other \_\_\_\_\_

**If you would like additional information about this program or help finding a dentist, please call Tara Weed, RDH at 712-523-3405 or 800-425-0051.**

**Does your child participate in the free or reduced lunch program?**  **Yes**  **No**

**Would you like information about free or reduced cost health insurance that may be available for your child?**  **Yes**  **No**