



FREE ORAL HEALTH SERVICES



OCTOBER 19TH, 2023 AND NOVEMBER 16TH, 2023

Your child is invited to participate in Dental Days at Weed Elementary School with no cost to you!

Please complete the consent form that was sent home and return back to school to receive FREE oral health services



Services Offered

- Dental screenings
- Dental cleaning
- Fluoride varnish
- Dental sealants
- Dental education
- Oral cancer screening

*Free dental hygiene kits for all those that participate



Kindergarten Families:

The State of California requires all kindergarten students to receive an oral health assessment by May 31st, 2024. **Your kindergarten student will receive a screening unless you return the signed opt out letter back to school.**

All professional services provided by Courtney Dawson, Registered Dental Hygienist in Alternative Practice in partnership with Siskiyou County Oral Health Program



810 S. Main St., Yreka, CA 96097
 (530) 841-2134
 phinfo@co.siskiyou.ca.us

On-Site Dental Screening Opt Out Letter

Dear Parent/Guardian,

An on-site free dental screening by a licensed dental professional is being provided at your child's school. The purpose of this dental screening is to check your child's teeth for tooth decay and to ensure your child meets the Kindergarten Oral Health Assessment requirement. California law, Education Code Section 49452.8, requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. This brief screening does not replace routine thorough checkups with your family dentist but can detect existing problems which may need treatment.

Benefits of participating in the school screening:

- FREE visual dental assessment by a licensed dental professional.
- You do not need to take time off from work. No missed school days or workdays.
- Complies with the Kindergarten Oral Health Assessment Requirement law (AB 1433 & SB 379). Supports school readiness and success under the Kindergarten Readiness Act (SB 1381).

If your child is screened and found to have urgent dental problems, this will be indicated on the report sent home with your child. If your child was identified as having an urgent dental problem, it is important that you take your child to a dentist or dental provider for an evaluation.

If you want your child to participate in the dental screenings for his/her grade, no further action is required.

If you **DO NOT** want your child to participate in the on-site dental screenings, please complete the bottom portion of this letter and return it to your child's school. If you have any questions, please feel free to call the Siskiyou County Oral Health Program at (530) 841-2153.

Sign the form below if you DO NOT want your child to participate in the free on-site dental health screenings.

Student's Name: _____

I **DO NOT** wish to have my child participate in the on-site free dental screening.

 Parent/Guardian Signature

 Date





WEED ELEMENTARY SCHOOL DENTAL DAY
Parent/Guardian Permission Form

By checking the boxes and signing this form I give permission for my child to receive dental services at school with no cost to me. With my consent, a Dental Hygienist in Alternative Practice will clean my child's teeth, apply a fluoride varnish and/or dental sealants .

If your child has insurance through the State of California, the services provided will be billed to that insurance provider.

I acknowledge that I may receive a copy of the HIPAA Notice of Privacy Practices. Copies will be available in the school office upon request. If there is a dental concern with my child, someone from the dental team will contact me to assist in making sure my child receives follow up care.

Please return this packet as soon as possible. Services will be performed during the 2023/2024 school year.

YES, I want my child to receive: *please check all that apply*

- Dental Screening
- Cleaning
- Fluoride Varnish*
- Dental Sealants* (If needed)

* Description and photos on last page

Child's Name: _____ Grade: _____ Teacher: _____

Best Phone Number to reach Parent/Guardian: _____

Parent/Guardian's Name: (Please Print) _____

Parent/Guardian Signature: _____

Questions? Please Contact: Courtney Dawson, RDHAP, (541) 891-0708



Dental Registration Form

Child's Information

First Name: _____ Last Name: _____

Mailing Address: _____

Date of Birth: _____

Gender: Female Male Other

Race: American Indian or Alaskan Native Asian or Asian American
 African American Hispanic or Latino
 Native Hawaiian White
 Other Decline to answer

Parent/Guardian Information:

First Name: _____ Last Name: _____

Address (if different from above): _____

Primary Phone Number(s): _____

Insurance Information:

Primary Insurance for Child: _____

Child's MediCal/Partnership # (if they have one): _____

Insurance Policy Holder's Name: _____

Policyholder's Birthdate (if different from above): _____



Patient's Medical History

Does your child have a dentist? Yes No

Dentist/Clinic Name: _____

Primary Medical Doctor/Clinic Name: _____

Is your child currently seeing a doctor for any special medical condition(s)?

Yes No *If yes, what type of condition(s)?:* _____

Is your child taking any medications?

Yes No *If yes, what type of medications?:* _____

Has your child ever had a serious head or neck injury?

Yes No *If yes, please explain when and how the injury occurred:* _____

Is your child allergic to anything?

Yes No *If yes, what are they allergic to?:* _____

Does your child have any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma/Breathing Problems | <input type="checkbox"/> Blindness/Impaired Vision | <input type="checkbox"/> Heart Conditions |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Herpes | <input type="checkbox"/> H.I.V. |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Metal allergy | <input type="checkbox"/> Multiple sclerosis | <input type="checkbox"/> Nut Allergies |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other Health Issues: _____ | |

To the best of my knowledge, I have answered the questions on this form accurately. I understand that providing incorrect information can be dangerous to my child's health. It is my responsibility to inform the Dental Professional seeing my child of any changes in medical status. If there is a dental concern with my child, one of the dental team members will contact me to assist in making sure my child receives follow up care.

Signature of Parent or Guardian: _____ **Date:** _____



Fluoride Varnish

- Fluoride is natural mineral that builds strong teeth and prevents cavities
- Fluoride varnish is a thick liquid painted on the teeth with a small brush.
- It strengthens teeth, helps prevent cavities, and can stop cavities that have already started.
- It is flavored, easy to apply, and dries quickly.



Sealants

- A dental sealant is a thin plastic coating placed on the biting surface of permanent molars (back teeth).
- Molars have many small grooves and pits where germs can hide and cause tooth decay. Sealants reduce decay by 80%.
- Sealants are easy to apply, require no needles or drills, and are less expensive than a filling.



Before



After