



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 Dentist or Dental Hygienist in Alternative Practice will clean my child's teeth, apply a fluoride varnish and/or dental sealants and/or silver diamine fluoride.

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 start as early as 11/1/2022.

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

Dental Screening/Exam

Cleaning

Fluoride Varnish*

Silver Diamine Fluoride* *(if needed) I understand that SDF will help treat and stop dental decay and will permanently stain the treated area black.*

Initial here: _____

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: _____



Dental Registration Form

Child's Information

First Name: _____ **Last Name:** _____

Mailing Address: _____

Date of Birth: _____ **Social Security #:** _____

Sex: 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): _____

Birthdate: _____

Primary Phone Number(s): _____

Insurance Information:

Primary Insurance for Child: _____

Child's Med-ical/Partnership # (If they have one): _____

Insurance Policy Holder's Name: _____

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

Secondary Insurance for child (if applicable): _____

Insurance Policy Holder's Name: _____

Policy Number: _____



Patient's Medical History

Does your child have a dentist? Yes No

Dentist/Clinic Name: _____

Has your child had a positive or negative dental experience you'd like to tell us about?

Primary 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.



Silver Diamine Fluoride

- Silver Diamine Fluoride (SDF) is used to treat and stop dental decay.
- **The affected area will stain black permanently.** The healthy part of the tooth will not stain. Stained tooth structure can be replaced with a filling or crown.
- The silver acts as an antimicrobial, killing the bacteria that make up a cavity, and the fluoride works to harden weakened tooth structure and treat tooth sensitivity.
- SDF has widely been shown to be effective to help stop cavity development after a cavity has formed.
- SDF helps kill the bacteria that break down tooth surfaces while also keeping them from spreading to other teeth.



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.

