



CONSENT TO USE PREVENTIVE DENTAL PROGRAM

NAME OF CHILD	DATE OF BIRTH	TEACHER	GRADE
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INFORMATION

A preventive dental program is available through your child’s school and the Missouri Department of Health and Senior Services. This program is offered to all children in the state of Missouri, including those who receive regular care from a family dentist and those who do not receive dental care. A licensed dental professional will screen your child’s teeth, and a school nurse will apply a thin protective coating of fluoride varnish (with your consent) to your child’s teeth as a preventive measure against tooth decay. The thin coating of fluoride varnish will be applied twice during the school year, approximately 3-6 months apart. Fluoride varnish has been proven to be effective in preventing, reducing and stopping small areas of early tooth decay.

The fluoride varnish does not taste bad or sting. The likelihood of children swallowing the varnish is minimal as it sets on contact with the saliva. **This service does not replace an annual comprehensive oral examination by your dentist.**

Please return the completed form to your child’s school. If you have any questions, please contact the school’s nurse.

INSTRUCTIONS

Place an “x” in the box to the left of your choice.

<input type="checkbox"/>	Yes , I want my child to receive a dental screening and two applications of fluoride varnish approximately 3-6 months apart.
<input type="checkbox"/>	Yes , I want my child to have the dental screening, but I do not want my child to have the fluoride varnish.
<input type="checkbox"/>	No , I do not want my child to participate in this program.

HEALTH HISTORY

Answer the following health questions about the above mentioned child.

Has your child ever had serious health problems? Yes: _____ No: _____ If yes, please explain.

Does your child have any allergies? Yes: _____ No: _____ If yes, please explain.

CONSENT

I certify the above information is accurate as of the signature date.

PARENT SIGNATURE	DATE OF PARENT SIGNATURE
PRINTED NAME OF PARENT	

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