



Dental Fluoride Varnish

School Year 2018-19

A free dental fluoride varnish program, designed to help prevent tooth decay, will be starting at your child's daycare/preschool. Fluoride Varnish is a very effective topical fluoride that is painted on the teeth, hardens on contact with natural saliva in the mouth and is slowly released over a 24-hour period. It is well tolerated by kids since it has a very mild flavor and is applied in a small amount. A Registered Dental Hygienist will be applying fluoride approximately every 3-4 months. Please fill in this form today and return to your daycare/preschool provider within 3 days. **This is not intended to replace your regular exams at your dental office.**

Child's Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Birthdate:
Address:			City:	Zip Code:
Best Phone # to reach family:			Family Size:	
Ethnicity (Please Check one) <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic		Race (Check all that applies): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander		
School:	Teacher's Name:		Grade:	
Child's Physician:		Child's Dentist:		
Has your child seen them in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your child seen them in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

YES. I want my child to receive **FREE** dental screenings & fluoride varnish treatments.

NO. I do not want my child to receive dental screenings & fluoride varnish treatments.

Please answer the following questions:

- Is your child currently taking any medications? Yes No
- Has your child ever had any allergic reactions to dyes, foods or medications? Yes No
Please explain any **YES** answers: _____
- How do you pay for your child's medical care? Self T19/Medicaid Private medical insurance hawk-i other
- Are your child's immunizations up to date? Yes No
Please explain any **NO** answers: _____
- Is your child eligible for the free/reduced lunch program at school? Yes No
- My child's most recent dental visit was with the last: 6 months 12 months 3 years 5 years never seen a dentist
- How do you pay for your child's dental care? Self T19/Medicaid **T19#**_____ Private dental insurance hawk-i other
- List any concerns you have about your child's mouth or teeth _____
- I consent to Washington County Public Health use of email and texting to send me scheduling and child health services information. Yes No Email address: _____

- If wanting a copy of the Notice of Privacy Practices, please visit our website www.washph.com.
- I understand that this consent is valid for one (1) year upon the date of signature unless withdrawn in writing by the parent or guardian.
- I understand that services received do not take the place of regular dental checkups at a dental office.
- I understand that these services are provided under the Iowa Department of Public Health (IDPH), Maternal, Child and Adolescent Health Program.
- I understand records created and maintained as part of this program are the property of Iowa Department of Public Health.
- I understand that the information from these records may be shared with the Iowa Department of Public Health, Iowa Medicaid Enterprise, or designee for audit and quality improvement purposes or other legally authorized purposes.

Parent/Guardian Signature	Print Name	Date
I voluntarily authorize Washington County Public Health to release, obtain, or exchange information via an electronic platform maintained by TAVHealth with your dental provider/school. This release does <i>not</i> 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	