



# Dental Fluoride Varnish

School Year 2016-17

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.**

<b>Child’s Name:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age:</b>	<b>Birthdate:</b>
<b>Address:</b>			<b>City:</b>	<b>Zip Code:</b>
<b>Best Phone # to reach family:</b>			<b>Family Size:</b>	
<b>Ethnicity (Please Check one)</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic		<b>Race (Check all that applies):</b> <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		
<b>School:</b>	<b>Teacher’s Name:</b>		<b>Grade:</b>	
<b>Child’s Physician:</b>		<b>Child’s Dentist:</b>		

**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 under a physician’s care?  Yes  No
- 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: \_\_\_\_\_
- Do you have a regular family dentist?  Yes  No
- If yes, does your child see that dentist at least once a year?  Yes  No
- 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  Private dental insurance  hawk-i  other
- List any concerns you have about your child’s mouth or teeth \_\_\_\_\_
- I consent to the agency’s use of email and texting to send me scheduling and child health services information.  Yes  No

- If wanting a copy of the Notice of Privacy Practices, please visit our website [www.washph.com](http://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 and Child 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.

<b>Parent/Guardian Signature</b>	<b>Print Name</b>	<b>Date</b>
I voluntarily authorize Washington County Public Health to release, obtain, or exchange information 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.		
<b>Parent/Guardian Signature</b>	<b>Date</b>	