

# Washington County Health Department Free Dental Sealant Program

Dear Parent,

A free dental program will be in your child's school. This tooth decay prevention program is for second and sixth graders. A dentist will examine your child's teeth to see which teeth should be sealed. A dental hygienist will then put the sealants on your child's teeth to seal out food and bacteria that cause decay. Next year the dentist will check your child's sealants and the dental hygienist will apply sealants as needed.

YES! I want my child to receive SEALANTS. (Please fill in the entire form, sign at the bottom and return form.)

NO. I do not want my child to receive SEALANTS. (Please fill out child's name, sign at the bottom and return form.)

PLEASE PRINT

Name of Child	Gender M F	Child's Social Security Number	Date of Birth	Phone (740)
School	Grade	Teacher		

<b>Health History</b>			<b>RACE</b>
1. Does your child have allergies to acrylic or plastic?	yes	no	Please check all that apply to your child. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
2. Has your child ever had serious health problems? (If yes, please explain.)	yes	no	
Comments:			
Does your child get free or reduced price meals at school? (Please Check) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Don't remember			<b>ETHNICITY</b> <input type="checkbox"/> Hispanic

No payment is required from you for this program. However, Medicaid and/or HMOs help cover the cost of the program. If your child receives insurance coverage from Healthy Start or an HMO, please fill in your child's information in the section below.

Managed Care - CIRCLE ONE:

Member ID number/Billing Number:

Parent or Guardian (PLEASE SIGN)	Date
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Did you receive the Notice of Privacy Policies?    Yes (Please initial) \_\_\_\_\_    No

**PLEASE RETURN THIS FORM TO SCHOOL IMMEDIATELY**