

2nd Grade Dental Sealant Program Information

Your child's school has selected to participate in the Dental Sealant Program. The Dental Sealant Program provides **FREE** dental screenings, fluoride treatment and dental sealant placement on the back teeth of eligible **second graders**.

This program will be provided on-site at your child's school. If you wish for your child to participate in this program, **please fill out the CONSENT FORM on the reverse side and return it to your child's school.**

Below are some commonly asked questions about dental sealants.

Q: What are sealants?

A: Dental Sealants are thin plastic coatings that are put onto the chewing surfaces of the back teeth. Sealants are painted on top of the back teeth and harden to form a shield over the tooth.

Q: Does it hurt to have sealants put on?

A: No, getting sealants is painless. Drilling or shots are not needed. Sealants only take about five minutes to put on per tooth. Right after they dry, normal activities are fine.

Q: How long will sealants last?

A: Sealants can last up to ten years or longer if they are done right and teeth are properly cared for after they are placed.

Q: How do dental sealants prevent cavities?

A: Dental sealants fill the pits and grooves of the teeth. The teeth are easier to keep clean because the food is easier to brush off with your toothbrush.

Q: Is brushing still important when teeth have sealant on them?

A: Yes — brush and floss every day! You still must work on keeping your teeth and gums clean & healthy.

SAMI THE SUPER TOOTH



Sealant Process

1. Your child will have their teeth assessed by a Florida registered dental hygienist
2. We will seal first molars that fit the criteria
3. You will get a report sent home following the dental visit
4. Your child won't have to miss school



SCHOOL: _____

TEACHER: _____ GRADE: _____

Dear parent/Guardian:

Central Florida Health Care, by agreement with your child's school, will be providing dental sealants at your child's school at **NO COST** to parents. Dental sealants help prevent cavities on permanent back teeth. Dental providers will examine your child's teeth and decide which teeth can be sealed. No X-rays will be taken. Those teeth will be coated with a plastic sealant and a fluoride treatment will be given. Sealants are safe, painless and easy to apply. We will return in one year to check that all sealants are still in place and to apply fluoride varnish. If time allows, we will repair or replace any sealants that have broken or fallen off. Sealants are approved and recommended by the American Dental Association. For additional information or questions you may have, please email us at **dentalmobile@cfhonline.org**.

 YES — My child has permission to participate in the Sealant program. **NO** — My child does NOT have permission to participate in the Sealant program.

NAME OF CHILD: _____ AGE: _____

DATE OF BIRTH _____ [] MALE [] FEMALE

ADDRESS: _____

Please answer the following questions:

1. Is your child currently under a physician's care? **YES NO**
2. Is your child currently taking any medications? **YES NO**
If YES, please list: _____
3. Has your child ever had an allergic reaction? **YES NO**
Please explain a YES answer: _____
4. Does your child have a dentist? **YES NO**
If YES, Name of Dentist: _____
5. My child's most recent dental visit was within the last:
 6 Months 12 Months 3 Years 5 Years Never seen a Dentist

All children can participate in this program — whether they have dental insurance or not.**We will bill Medicaid insurance but NO PAYMENT will be required from you.****In order to help us better serve those in need of services, please provide the following information:**

6. How do you pay for your child's dental care? Please check ALL that apply.
[] Self [] Medicaid (DentaQuest, Liberty, MCNA Dental) [] Florida KidCare [] Private Dental Insurance
Medicaid or Florida KidCare # _____
7. Select ALL that apply to your child:
[] White [] Black/African-American [] Hispanic [] Asian/Pacific Islander [] Native American [] Other

By my signature, I give permission for my child to have the treatments described above.

Signature: _____ Date: _____ Phone Number: _____

If you have questions, please contact:

1st: Raquel S. Tejada CRDH - SBSP Coordinator for Central Florida Health Care**C: 863-632-0127 E: rtejada@cfhonline.org****2nd: Karen McKenzie, DMD – Chief Dental Officer for Central Florida Health Care****C: 863-449-0902 E: kmckenzie@cfhonline.org**