



Dental Sealant Program
PARENT AUTHORIZATION

Dear Parents,

A free dental screening and sealant program will be conducted in your child's school. It is designed to prevent tooth decay during the developmental years of elementary-aged students. A dentist will screen your child's teeth and decide which teeth would benefit from sealants. Sealants would then be applied on your child's teeth to seal out food and bacteria that cause decay. In some instances, we may also provide Fluoride treatment to further protect your child's teeth. Please fill out this form and return to the school.

PLEASE CHECK EITHER YES OR NO

- YES, I want my child to receive SEALANTS and/or FLUORIDE (Please fill in the entire form, sign below and return form)
NO, I do not want my child to receive SEALANTS (Please fill in the entire form, sign below and return form)
NO, I do not want my child to receive FLUORIDE (Please fill in the entire form, sign below and return form)

Child's Full Name: _____ Date of Birth: ____/____/____
Sex: ____M ____F
School: _____ Teacher: _____ Grade: ____
Child's Social Security #: _____ Parent Phone #: _____

Race/Ethnicity:

- American Indian/Alaskan Native African-American Hispanic
Asian Caucasian Native American/Pacific Islander

HEALTH HISTORY

Has your child ever had any seroius health problems? ___ Yes ___ No

If yes, please explain : _____

Does your child have any of the following allergies?

Acrylics/Plastics: ___ Yes ___ No

Other: ___ Yes ___ No

If yes, please list : _____

No payment is required from you for this program. However, the value of this service is more than \$150 per child and we rely on insurances such as Medicaid, Delta Dental Smiles, or MCNA to help cover the costs. If your child is covered by dental insurance, please check the name of his/her insurance plan and fill in the ID numbers.

- BlueCross BlueShield Delta Dental Smiles MCNA
Delta Dental of Arkansas Cigna MetLife
Other: _____

Insurance ID# (or) SS# of Employee: _____ Medicaid #: _____

Policy Holder Name: _____ Policy Holder Date of Birth #: _____

Signature of parent/guardian: _____ Relationship: _____

Date: _____

Did you receive the Notice of Privacy Practices? ___ Yes ___ No