

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the **Healthiest State** in the Nation

Scott A. Rivkees, MD
State Surgeon General

Español en la parte de atrás

No Cost to Parent or Guardian

A Preventive Dental Program is coming to your child's school.

Your child can receive

- Dental Exam or Assessment
- Education on how to properly brush his/her teeth
- Dental sealants if needed ***
- Fluoride treatment
- Dental Cleaning when appropriate
- Toothbrush, Toothpaste and Toothbrush Timer
- Referrals for follow up care if needed

A **licensed dentist or dental hygienist** from the Florida Department of Health in Volusia County will provide the services listed above.

Your child **will not** be given any shots, medications, x-rays or fillings.

After your child is seen, a letter will be sent home informing you what was done and what follow-up care is needed.

If you would like your child to receive these services, you must:

**COMPLETE and SIGN and RETURN
THE PERMISSION FORM**

*****Sealants are protective coatings that help prevent cavities on healthy back teeth.**

This program does not replace a complete dental check-up by a dentist.

Florida Department of Health

Division of XXX

4052 Bald Cypress Way, Bin X-XX • Tallahassee, FL 32399
PHONE: 850/XXX-XXXX • FAX: 850/XXX-XXXX

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board



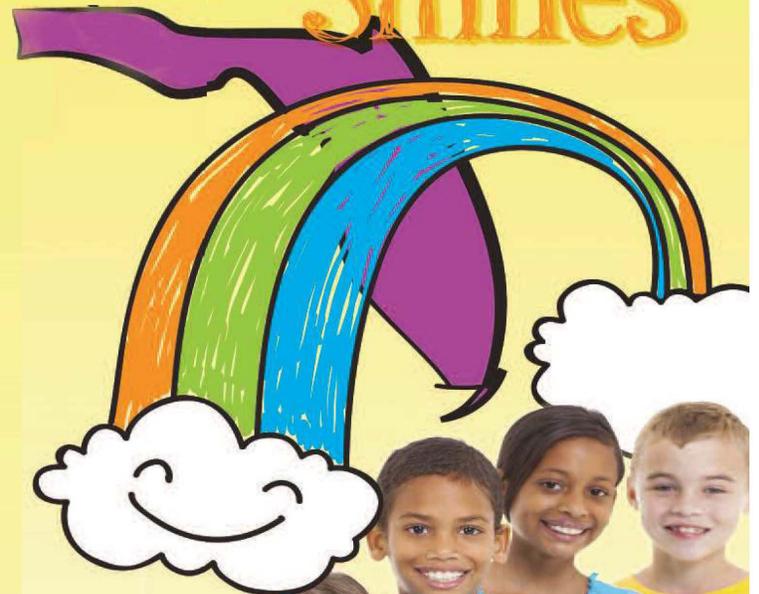
Dental Sealants for Sunny Smiles



UNSEALED TOOTH



SEALED TOOTH



What is a dental sealant?

A sealant is a thin plastic coating that protects the chewing surfaces of teeth from cavities.

When should teeth be sealed?

A sealant should be placed as soon as the permanent tooth appears in the mouth, usually around 5-6 years old, or as soon as possible.

How are dental sealants applied? After the tooth is cleaned, the sealant is painted into the grooves of the back teeth. A special light is used to help the sealant harden.

How long do sealants last?

Sealants will usually last about five years or longer. Sealants should be checked once a year and replaced if needed.



Our dental team is coming to your child's school.

Dental care is provided at no cost to parents and guardians.

Don't miss out.
We're only here once a year.

Return the attached consent form today.

Questions? 386-274-0896



Nuestro equipo dental va a estar en la escuela de su hijo.

Se proveerá cuidado dental sin costo alguno para los padres y/o tutores.

No te lo pierdas.
El evento es sólo una vez al año.

Devuelve la forma de consentimiento adjunta hoy.

¿Preguntas? 386-274-0896



volusiahealth.com/dental



Florida Department of Health in Volusia County - Dental Clinic

(School)

Preventive Oral Health Program

(Teacher)

No Cost to Parent

Child's Name: _____ Date of Birth _____ Sex M F

Street Address _____ Zip Code _____

Race/Ethnicity White Black/African American Asian Hispanic
 American Indian/Alaska Native Hawaiian/Pacific Islander Other

Child Insurance:

Medicaid? Yes No Other Dental Insurance Yes No

Child's Health History:

- Has your child received a dental check-up or dental care within the last year?
Has your child been seriously ill? List all serious illnesses
Is your child allergic to anything? List
Is your child taking any medications? List all medications
Has your child ever been seen in a Hospital Emergency Room for a dental problem?
Is there anything else we should know about your child? If yes, please explain

Parent or Legal Guardian Information

Mother or Father's Name _____

Telephone: Home _____ Cell _____ Work _____

Legal Guardian Name _____ ** If legal guardian, see note below **

Telephone Home _____ Cell _____ Work _____

To protect patient privacy, information about child's treatment can only be released to parents or legal guardians. I do hereby give consent to the Florida Department of Health in Volusia County, 1845 Holsonback Drive, Daytona Beach, Florida 32117 and their dental representative (dentist/hygienist) to use or disclose protected health information for treatment or Insurance/Medicaid payment.

By signing this form I give permission for my child to participate in this program.

Parent/Legal Guardian Signature _____ Date _____

**Anyone other than a natural parent giving consent for treatment must provide legal documentation of guardianship.

This program will be provided at your child's school. Your child may also be examined/assessed next year as part of our monitoring program. New sealants will be placed, if needed at no charge to parent. If you have any questions, please contact our office at 386-274-0895