

DENTAL SEALANT PROGRAM PARENT CONSENT FORM

Dental Sealant & Fluoride Varnish Program

Please use **BLACK** or **BLUE** ink to complete this form.

About Your Child

Child's Name: _____
First Middle Last Sex Birth Date Age

Home Address: _____
Street City State Zip Code

Best Number to Reach You Name of School Grade Teacher

Race (Please check all that apply): White Black/African American Asian American Indian/Alaska Native
 Hispanic Native Hawaiian/Pacific Islander Other

Child's Social Security Number _____

Does your child have TennCare? Yes No

Tooth decay is one of the most common diseases found in children. Fluoride varnish can be painted on teeth to protect teeth from cavities. Fluoride varnish can be applied up to four times a year.

Health History

Has your child seen a dentist within the past 12 months? Yes No

Does your child have allergies? Yes No

If yes, what? _____

Is your child taking any medications? Yes No

If yes, what? _____

Is there anything else we should know about the health/behavior of your child? Yes No
(Examples: ADHD, Autism, Seizure Disorders, etc.)

If yes, what? _____

Parent Consent

I give consent for my child to participate in the school-based dental preventive program conducted by Tennessee Department of Health. To the best of my knowledge, the medical history questions have been answered accurately. I have been given a copy of the health department's notice of privacy practices, or it is available to me through the school nurse or by calling my local health department.



Signature of Parent or Guardian _____

Date _____

If your child does not have TennCare and you feel they may qualify, please apply online at www.healthcare.gov or call 1(800) 318-2596.



Unprotected
No Sealant



Protected
After Sealant