



Please Return by: \_\_\_\_\_

Kemple Clinic will be providing free dental screening events at Redmond Elementary and Middle Schools. If your child is assessed as needing sealants we will be returning at a later date to provide this service. Dental sealants are plastic coatings put on the back teeth to seal out germs and prevent cavities. Sealant applications are conveniently provided for FREE by the Kemple Memorial Children's Dental Clinic on school premises, completed by licensed dental professionals.

Name of Child: _____		
(Last)	(First)	(Middle Initial)
My Child's School: _____ Grade: _____ Teacher: _____		

- NO**, I do not want my child to have dental sealants applied at our school.  
 **YES**, I want my child to have dental sealants applied at our school.

**If YES- Please complete this form and sign below**

<b>Family Information</b>	Child's date of birth: _____ / _____ / _____ Mo / Day / Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	My child is taking (list medications):	Other medical conditions we should be aware of:
	My child is allergic to:	
	My child has: <input type="checkbox"/> Asthma <input type="checkbox"/> Behavioral considerations (please describe):	
<b>Insurance</b>	Child's Dental Health Insurance (check one and complete info)	This information is for our records only.  These services are provided at no cost to you.
	<input type="checkbox"/> Oregon Health Plan (OHP) ID# _____ <input type="checkbox"/> Private Dental Insurance Company _____ <input type="checkbox"/> No dental health insurance	
<b>Please Read</b>	If you said YES to sealant applications, your signature below indicates the following:	
	As the legal parent/guardian, I hereby consent to the release and exchange of information, including any personal health information, between the dental sealant staff, school staff, insurance carriers, the child's dentist, applicable Coordinated Care Organization, and/or the Dental Care Organization of record. I have received a copy of "Notices of Privacy Practices." This form will remain in effect for 24 months unless revoked by me.	

**Parent/Guardian Name** (print) : \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Best Phone Number to reach you during the day: \_\_\_\_\_

**If you have additional questions, please contact the school nurse**

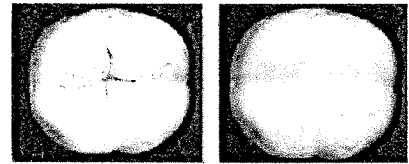
## Dental Sealants Fact Sheet

### What do parents need to know about Dental Sealants?

- Dental sealants can prevent tooth decay (cavities).
- Your child can get FREE sealants at school through Oregon's School-based Dental Sealant Program.
- A licensed provider puts on the sealant and checks your child's teeth.
- Getting sealants does not hurt; no anesthetic is needed!
- Dental sealants only protect the molars.
- It is very important that your child keeps brushing and flossing each day, and using fluoride either at home or at school.

#### Did you know?

- Tooth decay is almost 100% preventable.
- Dental sealants "seal out" germs to prevent cavities in the molars (back teeth).



Before

After

**Keep your child smiling by  
brushing and  
flossing every day!**

Although very rare, an allergic reaction is possible. If you notice any unusual symptoms in your child after treatment, please call your child's doctor and the Oral Health Program at 971-673-0348.

*This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Oral Health Program at 971-673-0348 or 971-673-0372 for TTY.*

*For more information, visit [www.healthoregon.org/schooloralhealth](http://www.healthoregon.org/schooloralhealth).*