

# DENTAL SEALANT PROGRAM



**CONSENT  
FORM ON  
BACK**

*Keeping your child's smile healthy!*

Tennessee Department of Health's School Based Dental Prevention Program offers dental preventive services to your child for **FREE!**

- Screenings and Education
- Sealants
- Fluoride Varnish



**Complete the back of this form** to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

## PREVENTION VS. TREATMENT



Sealants, free  
and at your  
school



Treatment, a  
costly trip to  
the dentist

*Getting sealants are  
as easy as brushing  
your teeth and  
painless too!*



*For more information about  
our program and dental health,  
visit us on our website.*

### Tooth Decay: The Problem

- Tooth decay is the single most common chronic childhood disease.
- About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.

### Dental Sealants: The Solution

- Dental sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth.
- Sealants prevent tooth decay and also stop cavities from growing.

### Prevention vs. Treatment

- Prevention - Sealants are a short & easy process. The chewing surfaces of teeth are cleaned; sealants are painted into the grooves of chewing surfaces; the sealant is bonded to the tooth.
- Treatment requires an appointment with the dentist and may include (drilling) removing tooth structure/ replacing tooth structure.

My child has already had sealants and sees a dentist regularly, should they participate?

**YES!**

Sealants can last for many years but if your child's sealants come off, we can replace them on all permanent back teeth as needed for **FREE!**

**The Tennessee Department of Health has placed over 4 million sealants on children in Tennessee schools since 2001. Visit us at: [TN.gov/health/section/oralhealth](http://TN.gov/health/section/oralhealth)**

# 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 (Optional)

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](http://www.healthcare.gov) or call 1(800) 318-2596.



Unprotected  
No Sealant



Protected  
After Sealant