

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
- Silver Diamine Fluoride
- 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.

SEALANTS

Getting sealants is as easy as brushing your teeth and painless too!



Tooth Decay is the single most common chronic childhood disease.

Dental Sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth to prevent against tooth decay.

PREVENTION VS. TREATMENT



Sealants, no cost provided at school



Treatment, a costly trip to dentist

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 **NO COST**



Scan QR code for more information or visit www.tn.gov/oralhealth

SILVER DIAMINE FLUORIDE (SDF)

If your child has tooth decay, we would like to provide up to two applications of silver diamine fluoride, to control the tooth decay and prevent the cavity from getting worse.

BENEFITS

NO shots or drills

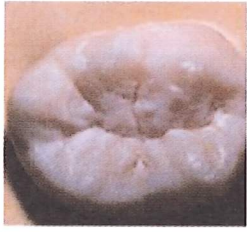
Can prevent teeth from hurting
Stops cavities from getting bigger

WHAT TO EXPECT

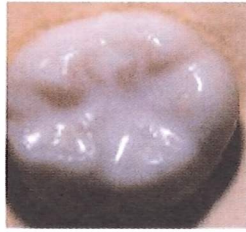
- SDF **will** change the color of the cavity from brown to black.
- SDF will **not** stain healthy teeth.
- We recommend follow-up with dentist.
- SDF may cause a metallic taste that will go away quickly.
- If SDF touches your child's skin, you **will** see a small color change that will change back in 2-3 days.

Treatment with silver diamine fluoride may not prevent the need for additional dental treatment. There is a possibility the SDF treatment may not stop the decay and no guarantee of success is granted or implied.

SEALANTS



Unprotected
No Sealant



Protected
After Sealant

SILVER DIAMINE FLUORIDE (SDF)



Active Decay



Non-Active Decay

About Your Child

Child's Name:

First

Middle

Last

Sex

Birth Date

Age

Home Address:

Street

City

State

Zip Code

Phone Number

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

Does your child have TennCare? Yes No

Child's Social Security Number (Optional)

Parent/Guardian: Please Complete the Student Health History Below

Does your child have any allergies? Yes No Any allergies to silver/metals? 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

If yes, what? _____

Has your child visited a dentist within the last twelve months? Yes No

I give consent for my child to participate in the sealant, fluoride varnish, and silver diamine fluoride programs provided by the TN 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

Health History

Parent Consent