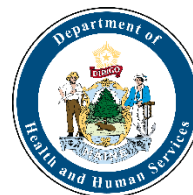


School _____ Teacher _____ Grade _____



Maine Center for Disease Control & Prevention
A Division of the Maine Department of Health and Human Services



School Oral Health Program

A health professional will provide a free oral health screening, a visual inspection of the mouth to identify disease, and apply a fluoride varnish treatment during school hours. This program does not take the place of routine dental examinations. A report of findings and recommendations will be sent home with your student after services are performed.

Complete this entire form and return to school.

☐ Screening & fluoride varnish ☐ Screening only (no fluoride)

Student's Full Name: _____ Date of Birth: ____/____/____

Preferred Name: _____ Parent/Guardian Name: _____

Daytime Phone: _____ Parent's Email Address: _____

Has your child had dental sealants? ☐ YES ☐ NO ☐ UNKNOWN

Has your child had a cavity treated (SDF, filling, crown, extraction)? ☐ YES ☐ NO ☐ UNKNOWN

Dental Concerns: _____

List Health Concerns, Allergies, and/or Accommodations: _____

I hereby give permission for my child to receive the services selected above. I acknowledge that insurance information may be used for billing, but I will not receive a bill for these services.

Parent/Guardian Signature: _____ Date: _____

Visit our website: mainesohp.org
Contact us at: sohp@mcd.org