

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Free Dental Sealant Program

Dear Parent /Legal Guardian:

A FREE dental program will be provided in your child's school. This program helps stop tooth decay. The goal of this program is to teach each child how to properly clean his/her teeth, provide a fluoride treatment, and place protective dental sealants on permanent molars, if needed. Dental sealants are safe and painless, easy to apply, and help to stop cavities. Sealants are approved by the American Dental Association.

A licensed dental hygienist from the Florida Department of Health will provide a screening of your child's teeth. Your child **will not** be given any sedatives, shots, medications or x-rays. If your child has cavities, the cavities will need to be treated by a dentist in a dental office. A letter will be sent home with your child describing what was done and what follow-up care is needed.

This program should not replace a complete dental check-up by a licensed dentist.

Child's Health History:

- Yes No Has your child received a dental check-up or dental care within the last year?
Dentist Name: _____
- Yes No Has your child been seriously ill? List all serious illnesses _____
- Yes No Is your child allergic to anything? List _____
- Yes No Is your child taking any medications? List all medications _____
- Yes No Has your child ever been seen in a Hospital Emergency Room for a dental problem?
- Yes No Is there anything else we should know about your child? If yes, please explain _____

Teacher's Name _____ Grade _____ School _____
Child's Name _____ Date of Birth _____
Home Address/zip code _____
Name of Parent or Legal Guardian (please print) _____
Contact Phone Number _____

CONSENT TO RELEASE INFORMATION:

I do hereby consent to Florida Department of Health in Sarasota County, 2200 Ringling Blvd. Sarasota, FL 34237, and any physician or health care provider or authorized agent, examining or treating my child, to use or disclose protected health information to Sarasota County Public Schools, or to Medicaid, if eligible, for such treatment or health care operations, including release to any third party payer. This may include any and all information pertaining to payment.

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE ABOVE CONSENT AND THE RECEIPT OF THE NOTICE OF PRIVACY RIGHTS AND CONSENT TO DENTAL TREATMENT OF ABOVE CHILD.

Yes, I want my child to participate. Signature: _____ Date _____

The services being offered are not a substitute for a comprehensive dental exam by a dentist.