



DeWitt-Piatt

Bi-County Health Department

PREVENT • PROMOTE • PROTECT

www.dewittpiatthealth.com

Free Dental Clinic at Bement School

Dear Parent or Legal Guardian:

October 24th

Thank you for your help in supporting the Dental Sealant Program during the past school year! The Dental Sealant Program helps to provide exams, cleanings, fluoride treatments and sealants in the school setting. It is an Illinois Department of Public Health (IDPH) grant funded program focusing on dental education and sealant application. Screenings and all other services are performed by licensed and experienced Dentists and Dental Hygienists. Some common questions about the program are answered below.

Does my child qualify?

Yes, **all children** regardless of grade, income level, or insurance type **are eligible** to receive an exam from the Dentist at no charge.

What services are provided for each child?

Each child will receive a visual exam. In order for the child to qualify for other services, he/she must be present for the exam which is done the day before cleanings start. Other services provided depend on insurance eligibility and income guidelines as mandated by the IDPH grant. Those services include *cleanings, fluoride treatments and sealants* and are provided a day or two after the exam.

What are sealants?

Sealants are protective coatings applied to the tiny grooves on the chewing surfaces of the back teeth. This is where most tooth decay in children and teens occurs. Sealants protect the chewing surfaces from decay by keeping germs and pieces of food out. When combined with appropriate diet, home care and use of fluorides, tooth decay can almost always be prevented on molars.

Does this cover the required school exam my child needs for Kindergarten, 2nd and 6th grades?

Yes, an Illinois State Dental Exam form will be signed and given to the School Nurse for all children seen to be placed in his/her personal file. If your child is in Pre-K, 1st or 5th grades it may cover the exam needed for the next school year.

Will I find out what services my child received or if he/she has a cavity?

Yes, a letter will be sent to each child's parent or legal guardian to let you know what was done and if any cavities or other oral health problems were seen visually.

Does my child still qualify if he/she has already had sealants?

Yes, most children will still qualify for a cleaning and fluoride treatment if insurance eligibility and income guidelines are met.

It is our hope that all students will take advantage of this beneficial program. If you would like your child to participate, please complete the consent form located on the back of this letter and return it to your child's teacher and review and keep the Notice of Privacy Practices for your records.

Thank you!!

The Dental Staff of the DeWitt-Piatt Bi-County Health Department

DENTAL EXAM & TREATMENT PERMISSION FORM

****Please return by: October 15, 2018****

School: _____ Teacher: _____ Grade: _____

Dear Parent or Legal Guardian: The DeWitt-Piatt Health Department has arranged for dental services for eligible children. These services may include an exam, cleaning, fluoride treatment and sealants (a protective coating on the chewing surfaces of back teeth). Licensed dentists, registered dental hygienists and agency staff will come to your child's school with portable equipment to provide these services. In some situations the dentist will examine your child's teeth one day and the hygienist will clean, apply fluoride and seal the teeth on a different day. *In order for your child to receive these services you must provide all the information requested and sign in the area indicated. Thank you!*

Child's Name: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Male _____ Female _____ Race: _____

Parent or Legal Guardian's name (please print): _____

Does your child *qualify for free or reduced meals at school?* **Yes or No**

Is your child enrolled in the "All Kids" state insurance program (Medicaid) or one of its Managed Care Companies such as Blue Cross Community, Harmony, IlliniCare, Meridian, or Molina? **Yes or No**

Please list the ID No. listed on the Medicaid or Insurance Card: _____

Medical History:

Has your child ever had a history of, or conditions related to, any of the following items: (please circle those that apply)

- | | | | | | |
|-------------------|----------|-------------|--------------|-------------------|---------------|
| ADHD | Anemia | Asthma | Autism | Bleeding Disorder | Cancer |
| Chronic Sinusitis | Diabetes | Drug Use | Earaches | Epilepsy/Seizures | Fainting |
| Growth Problems | Hearing | Heart | Hepatitis | HIV/Aids | Latex Allergy |
| ODD | Thyroid | Tobacco Use | Other: _____ | | |

Is your child taking any prescription or over the counter medications at this time? **Yes or No**

If yes, please list: _____

Does your child have a regular dentist for treatment outside of school? **Yes or No** _____

Has your child suffered from injuries to the mouth, head or teeth? **Yes or No**

Does your child have any (check those that apply):

- Retainers _____ Braces _____ Artificial teeth _____ Dry mouth _____ Fears of the dentist _____
- Problems with brushing _____ Speech difficulties _____ Fears of loud noises _____
- Sensitive teeth or areas in the mouth (please describe) _____

In signing this form, you give permission to treat your child and also verify that you have read the additional form regarding HIPAA. This will also give permission for the Illinois Department of Healthcare and Family Services and the Illinois Department of Public Health to review quality assurance by allowing them to return to the school to re-check your child's sealants within 365 days from the date of service. You also affirm that you are a custodial parent or legal guardian of the minor child named above.

Signature: _____ Date: _____

Parent/Legal Guardian