Florida Department of Health in Escambia County
1295 W. Fairfield Dr. Pensacola Florida 32501.
PHONE: 850-595-6500

Florida Department of Health in Escambia County – School Based Dental Preventive Dental Health Program

(School) (Grade) (Teacher)

No Cost to Parent

A dental prevention program will be provided for your child at no cost to you at school to help prevent tooth decay. Under the supervision of a licensed dentist, the licensed hygienist will:

- **review the proper way to brush and floss,**
- **complete an assessment of your child's mouth,**
- **apply a topical fluoride treatment, and**
- **place protective dental sealants on permanent molars, if needed. Dental sealants and fluoride are safe and painless, easy to apply, and help to prevent cavities. Sealants are approved by the American Dental Association, Centers for Disease Control and Prevention, and the Florida Department of Health.**

Your child **will not** be given any sedatives, medications, fillings or x-rays. A letter will be sent home explaining what was done and what follow-up care, if any, is needed. This program should not replace a complete dental checkup.

In order for your child to participate in this program, the following questions must be completed, and the permission form must be signed by the parent or legal guardian.

Child's Name: _____ **Date of Birth:** _____ **Sex:** ☐ **M** ☐ **F**

Street Address: _____ **Zip Code:** _____

Race/Ethnicity: ☐ **White** ☐ **Black/African American** ☐ **Asian** ☐ **Hispanic** ☐ **Other**

☐ **American Indian/Alaska Native** ☐ **Hawaiian/Pacific Islander**

Child Insurance:

Medicaid: ☐ **Yes** ☐ **No** **Other Insurance:** ☐ **Yes** ☐ **No**

Child's Insurance Company and Policy #: _____

Child's Health History:

☐ **Yes** ☐ **No** **Has your child been to the dentist within the last year?**

Dentist Name: _____

Child's Health History Continued:

☐ **Yes** ☐ **No** **Has your child been seriously ill?** List all serious illnesses.

_____

☐ **Yes** ☐ **No** **Is your child allergic to anything?** List all allergies and their reactions_____

☐ **Yes** ☐ **No** **Is your child taking any medications?** List all medications.

_____

☐ **Yes** ☐ **No** **Has your child ever gone to a hospital emergency room for a dental problem?**

_____

☐ **Yes** ☐ **No** **Is there anything else we should know about your child?** If yes, please explain.

_____

_____

_____

Parent or Legal Guardian Information

Mother's or Father's Name: _____

Telephone: Home: _____ Cell: _____ Work: _____

Legal Guardian Name**: _____

Telephone: Home: _____ Cell: _____ Work: _____

To protect patient privacy, information about child's treatment can only be released to parents or legal guardians. I do hereby give consent to the Florida Department of Health in Escambia County, to use or disclose protected health information for treatment or insurance/Medicaid payment, for treatment purposes, or for healthcare operations. I agree if my child has urgent dental needs, his/her health information can be shared with the school nurse.

By signing this form, I confirm my receipt of the Notice of Privacy Practices and give permission for my child to participate in this program. Notice of Privacy Practice can be found by scanning the QR Code above or following this link: https://tinyurl.com/NPP-EC.

Parent/Legal Guardian Signature: _____ **Date:** _____

****Anyone other than a natural parent giving consent for treatment must provide legal documentation of guardianship.**

If you have any questions, please contact Susan Aley, RDH at our office at 850-316-2750 or cell 850-516-2590 or email Susan.Aley@flhealth.gov .

Diagnosis of tooth decay/cavities, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist in the context of delivering a comprehensive dental examination with x-rays.