



Consent Form for Treatment
Florida Department of Health
School-Based Sealant Program

County: SANTA ROSA
 School: _____
 Grade: _____
 Teacher: _____

Your child will receive an assessment/screening by a licensed dental hygienist, along with appropriate treatment that may include a dental cleaning, sealants, fluoride varnish, and oral hygiene instructions. Services will be provided at your child's school.

CHILD INFORMATION

First Name: _____ **Last Name:** _____
Date of Birth: _____ **Sex:** Male Female
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Race/Ethnicity: White Black Hispanic Non-Hispanic Asian
 American Indian/Alaska Native Hawaiian Native Pacific Islander Other
Name of Parent/Guardian: _____ **Phone Number:** _____

HEALTH INSURANCE INFORMATION

Insurance Type: Private Provider Florida Healthy Kids Medicaid None
Insurance Provider: _____ **Policy Number:** _____

CHILD'S HEALTH INFORMATION

Yes No **Has your child received a dental checkup or dental care within the last year?**
 If yes, provide dental provider name: _____
 Yes No **Has your child been seriously ill?**
 If yes, please list all serious illnesses: _____
 Yes No **Does your child have any allergies?**
 If yes, please list all known allergies: _____
 Yes No **Is your child currently taking any medications?**
 If yes, please list all medications: _____
 Reasons for medication(s): _____
 Yes No **Is there anything else we should know about your child?**
 If yes, please explain: _____

PARENT/GUARDIAN CONSENT

To protect patient privacy, information about a child's treatment can only be released to parents or legal guardians. I, _____, do hereby give consent to the Florida Department of Health to use or disclose protected health information for treatment or insurance/Medicaid payment, for treatment purposes, or for health care operations. I agree if my child has urgent dental needs, his/her health information can be shared with school health clinic staff. By signing this form, I confirm my review of the Notice of Privacy Practices and give permission for my child to participate in this program.

Name of Parent/Guardian

Signature

Date

Anyone who is not a biological parent and is giving consent for treatment must present legal proof of guardianship.

The Notice of Privacy Practices is available online at FloridaHealth.gov/Privacy. Paper copies are available by request.



**Florida Department of Health
in Santa Rosa County**
5527 Stewart Street,
Milton, FL 32570

850-983-5200
SantaRosa.FloridaHealth.gov

Information for Parents/Guardians

School-Based Sealant Program

The Florida Department of Health's School-Based Sealant Program staff will be visiting your child's school and providing dental services to children, based on parental/guardian approval.

No fees for treatment services will be charged to the parent or guardian. Insurance may be billed, based on coverage.

This program is supervised by Catherine Bridges DMD, license number DN11663. If you have questions, please call our office at 850-983-5200.

Available Dental Health Care Services

Your child will receive an in-person screening/assessment by a licensed dental hygienist. Your child will NOT receive shots, X-rays, or fillings.

Along with the screening/assessment, your child may receive:

- Dental cleaning
- Topical fluoride application
- Dental sealant(s)
(A thin coating applied on healthy back teeth to help prevent cavities)
- Toothbrush and toothpaste for use at home
- Tips on brushing and flossing properly
- Nutrition information to promote good oral health

Results from Screening/Assessment

After seeing your child, we will send a letter home with your child and call you if your child has urgent conditions. The letter includes what services were provided to your child and any additional dental health care treatment that may still be needed.

- The diagnosis of tooth decay or cavities, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist during a comprehensive examination that require X-rays.

How to Receive Services

If you would like your child to receive these services, please complete the consent form and return it to your child's teacher.

Caring for your child's teeth early prevents issues like cavities, tooth decay, and gum irritation, setting the foundation for a lifetime of good health. Focusing on oral health and building healthy habits helps children grow into healthy adults!

