



Date \_\_\_\_\_

Dear Parent/Guardian,

The Butte County Public Health Department and Adventist Health will be providing **FREE** dental services at \_\_\_\_\_. These services do not replace routine checkups with your family dentist.

If you would **LIKE** your child to receive **FREE** dental services, please fill out & check boxes below.

If you **DO NOT** want your child to participate, you do not need to return this form.

**\*Please return this form to your child's teacher by \_\_\_\_\_ \***

Yes, I want my child to receive a **FREE** Dental Screening (*child must be screened to receive fluoride varnish and/or sealants*)

Yes, I want my child to receive a **FREE** Fluoride Varnish Application

Yes, I want my child to receive **FREE** Dental Sealants (*If eligible-placed on permanent molars*)

First and Last Name of Student: \_\_\_\_\_

Medi-Cal number: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Room #: \_\_\_\_\_

Ethnicity (optional): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**HEALTH HISTORY**

Has your child ever had serious health problems? Yes  No  If yes, please explain:

\_\_\_\_\_

Does your child have any allergies? Yes  No  If yes, please list:

\_\_\_\_\_

You will receive a Dental Health Report card with recommendations.

Butte County use only:	Visible decay:tooth #	Emergency	Sealants	Sealants completed AH:
Assessment date:		Y	already done	<input type="checkbox"/> 3 <input type="checkbox"/> 14 <input type="checkbox"/> 19 <input type="checkbox"/> 30
		N	eligible	<input type="checkbox"/> 2 <input type="checkbox"/> 15 <input type="checkbox"/> 18 <input type="checkbox"/> 31

The Children's Oral Health Program was established in 1977 by a mandate from SB111. It serves preschool-6<sup>th</sup> grade children at schools that have at least 50% of children enrolled in free and reduced-price school meal program (at or below 185% FPL).

### Oral Health Education

Your child is scheduled to receive oral health education. They will learn the proper way to brush their teeth, how cavities can be prevented and how good nutrition helps keep their teeth healthy.



If you return the dental permission form, your child will receive the following 3 services:

#### 1. Dental Screening

A visual screening to check the health of your child's mouth will be performed by a Registered Dental Hygienist. You will receive a Dental Health Report Card with our recommendations.

#### 2. Fluoride Varnish

Fluoride Varnish is a protective coating that is painted on all of the teeth. Studies have shown that it is a safe material that helps to prevent new cavities and help stop cavities that have already started.



#### 3. Dental Sealants

Permanent molars need extra protection from cavities. Sealants are a thin plastic coating that covers the chewing surfaces of the back teeth (molars). Only for grades 3-6.



Children's Oral Health Program  
A Program of the Butte County Public Health, [Oral Health Program](#)  
(530) 552-3839

[Don't Have Insurance? Call Butte County Customer Service Center at: 1-800-410-8803](#)

Smile, California  
<http://smilecalifornia.org/find-a-dentist/>  
1-800-322-6384