



JUNEAU COUNTY HEALTH DEPARTMENT

220 E. State St., Mauston, WI 53948

In Collaboration with "A Fluoride Connection"

Dear Parent(s),

Juneau County Seal-A-Smile is offering a preventative dental program in your school for all children in grades 4K-6th grade. A Registered Dental Hygienist (RDH) will come to your school to provide this program at **no cost to you.**

What exactly does this program offer for my child?

- Dental sealants (**2nd, 5th, & 6th grades only**)
- Fluoride varnish
- Tooth brushing instructions and oral health education
- Toothbrush and toothpaste
- A letter sent home explaining what services were done and suggestions for further treatment.
- We will see your child again next year for a follow up visit

What is a sealant?

- A sealant is a thin, tooth-colored, plastic coating that is painted on a tooth to help prevent cavities from forming.
- Your child will be checked to determine which teeth can have sealants; sealants will be done that same day.

What if my child already has sealants?

- Our Registered Dental Hygienist will check your child's sealants, and replace or repair those that may no longer be there.

What is fluoride varnish?

- Fluoride varnish is topical gel that is painted onto the teeth, making them stronger.
- Your child will receive a minimum of two applications while our program is at your school.

***The treatment which your child will receive in this program is not meant to be an alternative to regular dental care. It is still strongly recommended that you seek out a dental home (family dentist) for routine dental care including any follow up care which may be recommended after your child has completed this school based oral health program.**

Please sign the form on the back and return to school by Oct 25.

Form must be returned whether your child is participating or not.

Sincerely,

Robin Hemerley, RDH
Katie Traut, RDH

If you have questions about this program please contact the Juneau County Health Department at 847-9373.



DENTAL SEALANT PERMISSION SLIP

Juneau County Seal-A-Smile is offering a preventive dental program for ALL children in 4K-6th grades. Sealants will only be offered to those children in 2nd, 5th, & 6th grades and the fluoride varnish program for ALL children in 4K-6th grades. This program is funded by the Wisconsin Seal-A-Smile, a collaborative program of Children's Health Alliance of Wisconsin and the Wisconsin Department of Health Services. A licensed dental provider will come to the school to provide the sealant program at no charge to you. The program includes: assessment to determine if sealants can be done, sealants if appropriate, fluoride treatments and tooth brushing instructions with a new toothbrush. A follow-up letter will be sent home to describe what was completed and what is recommended for future needs. If the dental hygienist completes a referral and recommends further follow up with a dentist, then the Juneau County Health Department will have a registered nurse follow up with parents/guardians. All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention's recommendations for school-based dental sealant programs. This permission is effective for two years in order to replace lost sealants when checked after one year or to have sealants applied on teeth that were not sealed this year.

Child Last Name: _____ First Name: _____ Date of Birth ____/____/____
Address: _____ City _____ Phone: _____ Gender: M or F
Child's Teacher: _____ Grade: _____ Wisconsin Student ID Number _____

YES, I do want my child to participate in school-based dental prevention program and authorize Forward Health or any other third party insurance company to be billed for billable services. I give the school permission to share my child's Wisconsin Student ID number with the school-based program.

(Please fill out the rest of the form and return to your child's school)
_____/_____/_____
(Print) parent/guardian (signature) Parent/guardian Date ____/____/____

NO, I don't want my child to participate in the school-based dental prevention program. (Sign and return to your child's school)

_____/_____/_____
(Print) parent/guardian (signature) parent/guardian Date ____/____/____

Reason for not participating?

1) What type of DENTAL insurance does your child have?
Note: No student will be refused services based on their insurance coverage
 Forward Health/Medicaid/BadgerCare Private Insurance (i.e. Delta, Cigna) No Insurance Other _____
MA# _____

2) Ethnicity (select one): Hispanic Non-Hispanic Unknown

3) Race (select one) White Black/African American Asian American Indian/Alaska native
 Native Hawaiian/Pacific Islander Unknown/not available

Please answer the following questions about your child: (Circle one)
A. Does your child use medicine prescribed by a doctor? YES NO If yes, what kind? _____
B. Does your child need or use more medical care than other children the same age? YES NO
C. Does your child have trouble doing things most children the same age can do? YES NO
D. Does your child need or get special therapy, such as physical therapy, occupational therapy or speech therapy? YES NO
E. Does your child need counseling or treatment for behavior problems, emotional problems, or delays in walking, talking or activities other children the same age can do? YES NO
If you selected "yes" to any of the questions (A-E) above: Has this problem lasted or is expected to last at least 12 months? YES NO

6. Does your child have any allergies to pine/evergreen sap: spices: nutmeg: paprika; mace; cloves; or chrysanthemums? (i.e. medications, food, latex, etc.) YES NO If yes what type? _____

7. Has your child been diagnosed with any chronic heart conditions? YES NO If yes, please list _____
8. Has your child been seen by a dentist? Yes, within one year Yes, over one year ago Never

Name of your child's primary dentist: _____

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