Enter your school name

Dear Parent or Guardian:

Our school and the Missouri Department of Health and Senior Services, Office of Dental Health are offering a **FREE** oral health program to help stop tooth decay. This program is offered to **ALL** children in Missouri, including those who visit a dentist every year. A dentist or dental hygienist will do an oral screening. The screener will wear dental gloves and use a disposable mouth mirror. A thin coating of fluoride varnish will be applied to your child’s teeth to help stop tooth decay. The fluoride will be applied two times during the school year. Fluoride varnish is safe for use in stopping and reversing small areas of early tooth decay.

Your child will receive a free toothbrush, toothpaste and information on oral health.

**This service does not replace a regular dental check-up. It is recommended to visit a dentist at least once a year.**

**PARENT/GUARDIAN PLEASE COMPLETE THE FOLLOWING SECTION**

There is no cost for the screening and fluoride varnish treatments, but you must give your consent.

\_\_\_**YES,** I want my child to receive a dental screening and two applications of fluoride varnish, three to six months apart.

\_\_\_**YES**, I want my child to receive a dental screening. I do not want my child to have the fluoride varnish.

\_\_\_**NO**, I do not want my child to take part in this oral health program.

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:**\_\_\_\_\_\_\_\_ **Grade**: \_\_\_\_\_\_\_ **Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mark “ALL” that apply for Race:** **Mark “ONE” that applies for Ethnicity:**

\_\_\_ American Indian/Alaskan Native \_\_\_ Hispanic\_\_\_ Asian \_\_\_ Non-Hispanic

\_\_\_ Black/African American

\_\_\_ Hawaiian or Other Pacific Islander

\_\_\_ White

**PARENT/GUARDIAN SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Your child received a dental screening today. This screening does **not** replace a regular dental check-up, which is recommended at least once a year. Dental x-rays were **not** taken. The dental hygienist or dentist doing the screening found the following:

**1.**\_\_\_\_ **No obvious need for dental treatment** at this time, but should see a dentist for regular check-ups at least once a year.

2.\_\_\_\_ **Need dental treatment soon (4-8 weeks)**, possible decay. Please make an appointment with a dentist.

3.\_\_\_\_ **Need urgent dental treatment (24-48 hours),** due to toothache, decay or infection. Please schedule an appointment with a dentist as soon as possible.

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**Talk to your child about Oral Health! Visit the Missouri Oral Health page at** [**https://health.mo.gov/oralhealth**](https://health.mo.gov/oralhealth)**. Under the Oral Health Education section you can find educational videos to learn about oral health or scan the QR code with your phone to open the oral health educational videos**.