

Dental Screening Consent

Dear Parent or Guardian,

Preventive Dental Health Screening, provided in cooperation with Missouri's Department of Health and Senior Services, will be held on **Wednesday, November 14, 2018 for our Elementary and Middle School** students. This program is offered free of charge for Missouri students including those who receive regular dental care. This service does not replace a regular dental check-up, which is also recommended annually.

A licensed dental professional will provide an oral screening for your child. Additionally, with your consent, a trained volunteer will apply a thin coating of fluoride varnish to your student's teeth twice during the school year. This varnish will serve as a preventive measure against cavities formation and tooth decay. Fluoride varnish is safe and effective in preventing and reversing small areas of early tooth decay. This preventive program also includes a free toothbrush, toothpaste, dental floss and oral health information.

To receive this **no cost** screening and fluoride varnish application, you must provide consent:

_____ **Yes**, I want my child to receive a dental screening and **two** applications of fluoride varnish, approximately three months apart.

_____ **Yes**, I want my child to have the dental screening, but I do not want my child to have the fluoride varnish.

_____ **No**, I do not wish my student to participate.

Student's Name: _____ Date of Birth: _____

Teacher: _____ Grade: __ Age: __

Parent/Guardian Signature: _____ Date: ____/____/____

Please return by Monday, November 12, 2018