

Fluoride Varnish Program Parent/Guardian Consent



Dear Parent/Guardian:

A preventive dental program is available for your child. Two times during the school year, a licensed dental hygienist will provide a free basic dental screening and apply a protective coating called fluoride varnish to your child's teeth as a preventive measure against tooth decay.

To receive these **no-cost** services, you must provide consent.

Yes, I want my child to receive a fluoride varnish and a basic dental screening

Child's Information

Name of Child: _____ Date of Birth: _____

Gender: Male Female Age: _____ Grade: _____ Teacher: _____

Dental Insurance Information

In order to continue providing valuable preventive services at **no-cost** to your family, we ask that you provide your child's dental insurance information so the dental hygienist may submit and accept fees for services rendered. This will help offset the cost of the fluoride varnish and dental supplies.

Medicaid State ID: _____ CHP+ Member ID: _____

Name of Dental Insurance: _____ Subscriber's Name: _____

Subscriber's Phone Number: _____ Subscriber ID: _____

Subscriber's Date of Birth (mm/dd/yyyy): _____

I understand that fluoride varnish helps to protect teeth from cavities. After receiving a fluoride varnish application, it is acceptable for my child to drink cool liquids and eat soft foods right away. For the treatment to be most effective, I have been advised to avoid serving my child hard, crunchy foods for 2 hours, and to wait a minimum of 6 hours or until the next morning to resume brushing and flossing.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Varnish placed on: _____ and/or _____ by: _____

0- Routine
1- Early Dental Needs
2-Urgent Dental Needs

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1- Early Dental Needs
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Comments: _____

***This service does not replace a comprehensive evaluation. It is our recommendation that a dentist examine your child twice each year. ***