

PARENTAL/LEGAL GUARDIAN CONSENT



Sealing Smiles Across NH

Bringing Cavity Prevention to Granite State Kids

Dear Parent/ Guardian:

Sealing Smiles Across New Hampshire: Bringing Cavity Prevention to Granite State Kids is a cavity prevention program coming to your school during the 2023-2024 school year. Your child is eligible to participate in this program that offers the following dental services:

- oral health screening,
- guided toothbrush instruction,
- topical fluoride varnish,
- dental sealants,
- decay stopping fluoride applications, and
- temporary fillings

Note: Dental Sealants are protective coatings applied to chewing surfaces of teeth. Decay stopping fluoride (Silver Diamine Fluoride) helps stop a cavity from getting bigger. You can tell it worked if the cavity becomes hard and black over time. Dental sealants do not cause pain and do not require any shots or drilling. This cavity prevention program does not take the place of a routine dental exam. If your child does not have a regular dentist, we will recommend one to you.

Please return this form by _____ to sign up your child.

CHILD'S INFORMATION

Child's First Name:		Child's Last Name:	
Child's Address:		Child's Date of Birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Say			
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Multi-race <input type="checkbox"/> Other, Specify:		
School:	<input type="checkbox"/> Amherst Street <input type="checkbox"/> Fairgrounds Middle <input type="checkbox"/> Bicentennial Elementary <input type="checkbox"/> Franklin Street <input type="checkbox"/> Birch Hill Elementary <input type="checkbox"/> Ledge Elementary <input type="checkbox"/> Broad Street Elementary <input type="checkbox"/> Main Dunstable Elementary <input type="checkbox"/> Charlotte Avenue <input type="checkbox"/> Mount Pleasant <input type="checkbox"/> Dr. Norman W Crisp Elementary <input type="checkbox"/> New Searles Elementary <input type="checkbox"/> Elm Street <input type="checkbox"/> Pennichuck Middle <input type="checkbox"/> Fairgrounds Elementary <input type="checkbox"/> Sunset Heights		
Teacher's Name:		Child's Grade:	

Has your child had or do they have any serious health problems treated by a doctor? Please name:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have any allergies? Please name:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have a silver sensitivity? Please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your child have a dentist? Dentist's Name:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your child seen a dentist in the last 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INSURANCE INFORMATION

Please tell us the type of dental insurance your child has:	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> No insurance or self-pay	<input type="checkbox"/> NH Medicaid, please provide ID #:
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NOTE: There is no fee for this service. If your child has NH Medicaid, then we will bill Medicaid.

PARENT OR LEGAL GUARDIAN'S INFORMATION

Parent/Guardian's First Name:		
Parent/Guardian's Last Name:		
What is the best way to reach you? Please provide your number or email:	<input type="checkbox"/> Home Phone:	<input type="checkbox"/> Work phone:
	<input type="checkbox"/> Cell phone:	<input type="checkbox"/> Email:
Which concerns make it difficult for your child to get dental care? Please check all that apply:	<input type="checkbox"/> My child does not have a problem getting dental care	
	<input type="checkbox"/> Cost	
	<input type="checkbox"/> Unable to find a dentist who takes my insurance	
	<input type="checkbox"/> Transportation	
	<input type="checkbox"/> Behavioral concern	
	<input type="checkbox"/> Fear	
	<input type="checkbox"/> Difficulty taking time off from work	
	<input type="checkbox"/> Other, please explain:	

CONSENT FOR TREATMENT & HIPAA COMPLIANT RELEASE OF ORAL HEALTH INFORMATION

- ✓ I hereby give permission for my child to receive dental care this school year which includes a dental screening, toothbrush guided instruction, topical fluoride varnish, dental sealants, decay stopping fluoride application and temporary fillings as needed.
- ✓ I understand that not all types of cavities can be treated at school.
- ✓ I understand that any child in kindergarten through grade 8 is entitled to participate in this program. A Certified Public Health Dental Hygienist will provide treatment and an assessment of your child's teeth. A written progress report will be sent home along with a referral for any additional treatment needed for your child.
- ✓ I understand that the services provided at school cannot replace a Dental Exam by a licensed Dentist. Routine dental care is strongly encouraged.
- ✓ I have read the notice of Privacy Practices and I understand that my child's dental assessment information gathered from this program may be shared with NH Medicaid, school nurse, supervising dentist, and in the event of a referral, information will be shared with the dental office who will be treating your child. I understand the results of my child's dental screening will be added to a central secured data base to be included in an ongoing assessment of children's dental health for the state of NH.
- ✓ If NH Medicaid eligible, I give Solvere Health (Sealing Smiles Across New Hampshire) permission to bill NH Medicaid for these services.
- ✓ I have read and reviewed the Sealing Smiles Across New Hampshire program and Solvere Health "HIPAA Notice of Privacy Practices" available at <https://www.nashua.edu/>
- ✓ By signing this form, I acknowledge I have read and reviewed the above.

I give permission for my child (insert name) _____ to participate in the Sealing Smiles Across New Hampshire program offered at my child's school.

Signature: _____ Date: _____

