



501 W. Sanford St. Ste. 11
 Arlington, TX 76011
 817-277-1165

COMPLETE FORM ON-LINE OR BELOW

www.dentalhealtharlington.org

**Permission and Informed Consent for
 Dental Evaluation and Sealant and Fluoride Varnish Placement**

Dear Parents:

Dental Health Arlington (DHA) will have a team of professionals to conduct a visual dental screening and dental sealant and fluoride varnish placement in your school. This is a **FREE** service to students who return a completed permission form. A written report will be issued for your child to take home, stating his/her dental condition.

IF your child is a candidate for dental sealants and fluoride varnish, DHA will provide placement for **FREE**. Sealants are a thin plastic coating that are applied to the chewing surfaces of the back teeth. They fill in the deep pits and grooves where food and plaque (bacteria) accumulate and can prevent decay on those surfaces for up to 7 years. Fluoride varnish is a protective coating that is painted on teeth to help prevent new cavities and help stop cavities that have already started. **NO** shots or anesthesia are used for either application. Please fill out the information below, including **the health history**, and sign the consent statement below if you wish your child to participate in the **FREE** dental evaluation and **FREE** sealant and fluoride varnish programs.

Child's Name: _____ **Teacher:** _____ **Grade:** _____

Child's Date of Birth _____ **Male** **Female** **Ph.#** _____

I, the parent/legal guardian of the child indicated above authorize DHA to perform a FREE visual dental evaluation, and FREE preventive procedures of fluoride varnish and/or dental sealants if needed.

Parent Signature: _____ **Date:** _____

Does your child have health issues? If so, please list: _____ **NONE**

Ethnicity: American Indian/Alaskan Native American Indian/Alaska Native & White American Indian/Alaskan Native & Black/African American Asian Asian & White Black/African American Black/African American & White Native Hawaiian/Pacific Islander Other Multi Racial White

Circle one: Hispanic or Non-Hispanic

Annual Family Income: _____ Under \$21,400-40,350 _____ \$34,600 - \$55,349
 _____ \$20,751 – \$34,599 _____ \$55,350 and over

Sex of Head of Household: Male Female

***All personal and health information is kept confidential and not shared with any government agencies in accordance with HIPAA regulations.**

For Dental Staff only: Date _____ **Sealed** _____ **RDH** _____

3 14 19 30

Classification: _____