

# Dental Treatment

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

According to our records, your child's dental treatment is not yet completed. If you need help getting an appointment or with transportation, please contact us.

Please be sure to get all of your child's dental work completed as soon as possible.

**You can prevent cavities at home.**

**Brush daily with a fluoride toothpaste.**

**Don't drink soda pop and limit snacking on sweets.**

# Dental Assessment

IHS Head Start Program: <http://www.HeadStart.ihs.gov>

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

Your child received a dental assessment today. Your child needs:

No further dental treatment

Routine dental treatment

Urgent or extensive dental treatment

Please schedule a dental appointment for your child as soon as possible. If you need help scheduling an appointment or need transportation, please talk with our staff.

**You can prevent cavities at home.**

**Brush daily with a fluoride toothpaste.**

**Don't drink soda pop and limit snacking on sweets.**

IHS Head Start Program: <http://www.HeadStart.ihs.gov>

# Topical Fluoride Permission Form

Dear Parent or Guardian,

Over 80% of American Indian and Alaska Native Head Start children have dental cavities. However, cavities can be prevented through the use of fluoride, dental sealants, and xylitol.

We will provide a fluoride varnish program for Head Start children this year. Because your child is a minor, your consent is needed to allow your child to receive this preventive service.

## **Fluoride Varnish**

**Procedure:** A high concentration fluoride varnish is painted directly onto the teeth.

**Benefits:** Fluoride Varnish coats the outside of the tooth and can provide some cavity-fighting power for up to 3 months.

## ***Parental Permission***

I give my son or daughter, \_\_\_\_\_, permission to have fluoride varnish placed on his or her teeth multiple times in a year by a trained staff or provider with prescription or standing orders. I understand the Fluoride Varnish program is a preventive program and the product is safe and effective.

Please list any physical conditions that the school should be aware of (asthma, allergies, recurring illnesses, disabilities, chronic illnesses, etc.):

\_\_\_\_\_

Fluoride Varnish:

I do **NOT** want my child to have fluoride varnish applied.

I **DO** want my child to have fluoride varnish applied.

Parent or Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**You can prevent cavities at home.  
Brush daily with a fluoride toothpaste.**