



Mid-Winter Break 'Walk-in Dental Sealant clinic' Permission Form

Dear Parent or Guardian,

Over half of Native American children have dental cavities. Cavities can be prevented through the use of fluoride and dental sealants, and early cavities can be filled temporarily. SNHS Dental is hosting a 'walk-in Sealant Clinic for patients 5-18 years old from: 2/15 – 2/19 NO APPOINTMENT NEEDED. If you will not be able to bring them, please complete permission slip and have your child bring it that day.

The SNHS Dental Interns will provide fluoride varnish, sealants, and temporary fillings to children during the 'walk-in sealant clinic.' Your consent is needed to allow your child to receive these preventive services. We strongly suggest you call to check on the wait times before bringing or sending your child at LRHJC: 945-2818 or CIRHC: 532-0165.

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.

Dental Sealant

Procedure: A plastic coating is painted on the grinding surface of the back teeth.

Benefits: Sealants help prevent food and cavity-causing germs from getting stuck in the deep grooves in back teeth.

Temporary Filling

Procedure: A small cavity is scooped out without anesthesia, and a plastic filling material is put in the hole.

Benefits: The temporary filling may last several years and prevents the cavity from getting bigger.

Parental Permission

I give my son or daughter, _____, permission to have fluoride varnish, dental sealants, and temporary fillings placed on his or her teeth during the year by a trained staff or provider with prescription or standing orders. I understand that this is a preventive program and the product is safe and effective.

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

I do NOT want my child to have fluoride varnish, sealants, or temporary fillings.

I DO want my child to have fluoride varnish, sealants, or temporary fillings.

Parent or Guardian Name (print) _____

Signature: _____ Date: _____

Telephone Number _____