

MN School Sealant Program



Parents or Guardians,

We will be hosting the MN School Sealant Program, where your child has the opportunity to receive free or reduced cost dental services at school. The School Sealant Day will be on **October 12.**

By doing these services at the school, it saves you from having to take the time off of work to transport your child for an extra visit to the dentist and cuts down on the amount of school students will miss.

A licensed dental professional will be offering sealants, cleanings, and fluoride varnishes to students in grades: **1 - 4**

If you have any kind of dental insurance, these services are completely free. If you do not have dental insurance, your child can receive these services at 70% off the usual rates.

Dental sealants and fluoride varnishes are often provided in a public health setting due to the amazing benefits they provide at a low cost.

Your child will be kept comfortable throughout these easy and pain-free services. They don't even need to get numb! The entire process takes less than 15 minutes.

In order to be eligible to receive these services, you need to fill out this consent form with your child's information and return it to school. **This form is due by October 5.**

If you want more information about this program, please visit www.schoolsealants.com.

Please complete this consent form today and return it to school to make sure your child will be able to benefit from this great program.

This consent form can also be filled out online at www.schoolsealants.com/consentform

Please allow the MN School Sealant Program 2-6 weeks for processing all the paperwork after the program is complete. They will send you an email with the results of your student's oral health screening, what procedures were completed, and recommendations for follow up care.

School Dental Program Consent Form

Child's Information

Child's First Name _____
Child's Last Name _____
Child's Birthdate _____
School _____
Teacher _____
Race _____
Grade _____

Parent/Guardian Contact Info

Parent/Guardian Name _____
Phone Number _____
Email _____
Home Address _____
Address Line 2 _____
City _____ State ____ Zip _____

- My child has a known allergy to methyl acrylate and cannot have sealants
 My child has an Individualized Education Program (IEP) or Special Health Needs

I approve the following dental treatments for my child:

- Sealants** - the best way to prevent cavities in the grooves of the back teeth
*Up to four sealants may be placed on erupted permanent molars that do not already have sealants
*A sealant retention check may be done at a later date at school and sealant reapplied at no cost if needed
 Fluoride Varnish - a boost of reinforcement for helping protect the teeth
 Cleaning - helping the teeth stay clean and shiny white

The Minnesota School Sealant Program highly recommends all three treatments for optimum oral health for kids

Please check only one box My child has dental insurance. All these preventive services are provided at **NO COST TO YOU.**

Policy Holder's Name _____ Group Number _____
Policy Holder's Birthdate _____ Employer _____
Insurance Carrier Name _____ Insurance Phone _____
Insurance ID# _____ Insurance Billing Address _____
City _____ State ____ Zip _____

*This section must be FILLED OUT COMPLETELY for your child to be eligible to receive services. You may also attach a scanned copy of the front and back of your insurance card.

My child has no dental insurance. I would like my child to receive the services selected at the rate of \$25 per sealant (max of 4), \$25 for fluoride and \$25 for cleaning.

You save 70% off of the regular fees!

Credit Card Number _____
Expiration (MM/YY) _____ CSV (3 digits) _____

*We require a credit card on file to be able to provide services at schools. No other payment methods are accepted at this time. We will only charge your card after services are completed. Max charge would be \$150 if four sealants, varnish and cleaning are done (a \$500 value).

Name _____
Signature _____

Date _____