

NEW THIS  
YEAR!

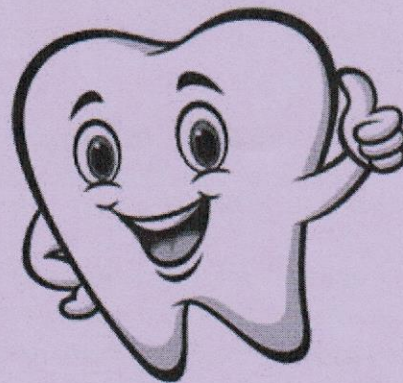
# Dental Sealants & Fluoride Varnish .....saving smiles!

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## What are Dental Sealants?

Dental Sealants are coatings placed on the chewing surfaces of back teeth to protect them from dental cavities.

*Sealants are safe, easy, and pain free to apply.*



## What is Fluoride Varnish?

Fluoride varnish is a topical fluoride solution that is painted on the teeth to prevent decay. This application dries quickly, strengthening the outer layer of the teeth. It can be applied to teeth that have decay to help slow the caries process.

After applied, the teeth may temporarily feel a little sticky, or like a thin film is over them. Eating and drinking after is permitted with a few limitations, such as hot liquids and sticky or tacky foods.

**\*Two great dental preventatives for your child's teeth that are available for NO CHARGE at your child's school. Return the completed consent form as soon as possible.**

Call the Warren City Health Department Dental Sealant Program for more info  
at 330.841.2596



**WARREN CITY HEALTH DISTRICT**  
**258 E. Market St., Suite 327**  
**WARREN, OHIO 44481**  
**(330)841-2596 – FAX (330)841-2911**



***“Working Together for a Healthier Community”***

*Ruth Quarles, M.D., Health Commissioner*  
*John May, Deputy Health Commissioner*

Dear Parent/Guardian,

The Dental Program will be visiting your child’s school during this school year, as we are offering FREE dental sealants and fluoride varnish applications. (Fluoride varnish may be a new offering at your school this year.) Having sealants and/or fluoride varnish applied at school is not much different than a visit to a dental office, except that our “office” is an empty classroom or conference room in your school! All universal precautions and infection control procedures will be implemented.

**Fluoride is offered to students in kindergarten, 2<sup>nd</sup>, & 6<sup>th</sup> grades. The sealant program is for 2<sup>nd</sup> & 6<sup>th</sup> graders. Both services are FREE. These procedures are safe, simple, and pain free to help prevent tooth decay. Please see the consent form on the back of this letter.**

For dental sealant application a dental hygienist will assess your child’s teeth and decide which teeth need to be sealed, if any. The hygienist will then put the sealants on those teeth to seal out food and bacteria that cause decay. Sealants are coatings placed within the grooved surfaces of the permanent back teeth (molars). The dental hygienist will reassess your child’s sealants next year (in 3<sup>rd</sup> or 7<sup>th</sup> grade) and apply new sealants, if needed.

For fluoride varnish application a dental hygienist will apply a thin coat of fluoride on your child’s teeth. The fluoride program is a one-year program, with one application in the fall and one in the spring of the school year.

If you have any questions or concerns, please call our Dental Sealant Team at: 330-841-2596 or visit [www.https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/welcome/](https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/welcome/)

**\*\*\*\*ON THE OTHER SIDE, PLEASE RESPOND EITHER “YES” OR “NO,” AND SIGN TO GIVE CONSENT.\*\*\*\***

Thank you!

The Dental Sealant Team

**Sealants-offered to 2<sup>nd</sup> & 6<sup>th</sup> graders**  
**Fluoride-offered to K, 2, & 6<sup>th</sup>**

**PLEASE RETURN FORM ON BACK SIDE BY:**

**A.S.A.P. WITHIN A WEEK**

WARREN CITY HEALTH DISTRICT  
Dental Sealant / Fluoride Varnish Program

Dear Parent,

Two **free** dental programs will be available in your child's school. The programs help prevent tooth decay and fluoride varnish can also stop small cavities that have already started. A dental hygienist will screen your child's teeth and decide which teeth need to be sealed. A dental hygienist will then put sealants on your child's teeth to seal out food and bacteria that cause decay and/or apply fluoride varnish. Your child will also receive a **second** fluoride varnish application during this school year, and your child's sealants will be checked **next year**. New sealants will then be applied, if needed. Please fill out this form **today**. Your child must return it to their teacher to be eligible.

**Please check YES or NO** (Please fill in the entire form, sign below and return form if giving consent):

**YES**, I want my child to receive **SEALANTS**. (Available for 2<sup>nd</sup> & 6<sup>th</sup> graders.)

**NO**, I do not want my child to receive **SEALANTS**.

**YES**, I want my child to receive **FLUORIDE VARNISH**. (Available for K, 2<sup>nd</sup>, & 6<sup>th</sup> graders.)

**NO**, I do not want my child to receive **FLUORIDE VARNISH**.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**Ethnicity:** Is your child Hispanic? Please check:  **Yes**  **No**

**Race:** Please check **all that apply** for your child:

American Indian/Alaskan Native  Black or African American  Asian  White

Native Hawaiian/Pacific Islander  Multiple Race  Other \_\_\_\_\_

**Health History:**

Has your child ever had any **serious** health problems? Please check:  **Yes**  **No** If **YES**, please explain: \_\_\_\_\_

Does your child have any of the following allergies? Please check:

Acrylic/plastics (e.g., latex)  **YES**  **NO** Other  **YES**  **NO**

If **YES**, please list: \_\_\_\_\_

No payment is required of you for this program. However, the value of this service is more than \$150 per child and we rely on insurances such as Medicaid or Healthy Start to help cover the costs. If your child is covered by Medicaid/Healthy Start, **please check** the name of their Managed Care Plan and fill in the ID numbers.

Managed Care ID# \_\_\_\_\_ Medicaid # (12 digits) \_\_\_\_\_

 **SIGNATURE** of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ (2024 Sealant and FV consent form)

Do you desire **the Notice of Privacy Practices?** (Please check.)  **YES**  **NO** If yes, initial here: \_\_\_\_\_