

Kinder Care Dental Program
 (COPY TO WHITE PAPER ONLY)

Dear Parent:

A free dental program will be offered in your child’s school on _____. This portion of the program is primarily for Preschool, Kindergarten age children, and prenatal women. The program helps stop tooth decay by placing fluoride varnish on each of the child’s teeth to protect and strengthen them. Fluoride varnish is a resin containing concentrated fluoride that is brushed on the teeth the same way that nail polish is painted onto nails.

A dentist or registered dental hygienist will conduct an assessment of your child’s teeth to decide which teeth need to be followed up and will then apply the fluoride.

Please complete this form today. Your child will return the form to his/her teacher.

Name of Child _____ Date of Birth _____
 Home Address _____ City _____ Zip _____
 Home Telephone _____
 Teacher _____ Room _____ Grade _____

CHECK ALL THAT APPLY

____ **YES**, I give permission for my child to participate in the Kinder Care Dental Assessment Program
 (Please complete the entire form and sign.)

____ **YES**, I want my child to receive fluoride varnish.

____ **NO**, I do not want my child to receive the fluoride varnish.

____ **NO**, I do not want my child to participate in the Kinder Care Dental Assessment Program
 (Please sign below.)

Health History

		No	Yes	Don't Know
1.	Has your child ever had rheumatic fever or rheumatic heart disease?			
2.	Have you ever been told by a dentist or physician that your child needs to take antibiotics (penicillin) before having dental care?			
3.	Is your child allergic to penicillin?			
4.	Latex or any other allergies?			
5.	Has your child ever had Tuberculosis (TB)?			
6.	Does your child have any illness or health conditions that may or may not require taking regular medication? (i.e. epilepsy, diabetes, asthma, bleeding disorders)			
7.	Has your child ever had serious health problems?			
If yes explain:				

 Signature

 Date