



PERMISSION FORM: School-Based Dental Health Program

Please return completed form to your school within (2) weeks of receiving.



Seals-On-Wheels Oral Health Program is offering a preventive dental sealant program for ALL children in Early Childhood through Grade 12. This program is funded by Wisconsin Seal-A-Smile, a collaborative program of Children's Health Alliance of Wisconsin and the Wisconsin Department of Health Services. A licensed dental provider will come to the school to provide the sealant program at no charge to you. The program includes: assessment to determine if sealants can be done, sealants if appropriate, fluoride treatments, dental cleanings and tooth brushing instructions with a new toothbrush. A follow-up letter will be sent home to describe what was completed and what is recommended for future needs. All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention's recommendations for school-based dental sealant programs.

Child LAST name: _____ Child FIRST name: _____ Date of Birth: _____

Male / Female / Other (circle) School: _____ Teacher: _____ Grade: _____ Age: _____

Parent / Guardian Address: _____ Phone and/or Email: _____



YES, I do want my child to participate in the school-based dental health program and authorize Forward Health or any other third party insurance company to be billed for billable services. **You and your school will NOT be billed for these services.**

*(Please fill out "Health History" section below if your child is participating).

(Signature) Parent/guardian _____ (PRINT) parent/guardian _____ Date: _____



NO, I do NOT want my child to participate in the school-based dental health program (Ignore "Health History" below if not participating).

(Signature) Parent/guardian _____ (PRINT) parent/guardian _____ Date: _____

Reason(s) if not participating: _____

Health History

What type of DENTAL insurance does your child have?

☐ Forward Health/ Medicaid/ BadgerCare ☐ Private Insurance (i.e. Delta, Cigna) ☐ No Insurance ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Not Applicable

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ NA

1. Does your child use medicine prescribed by a doctor? ☐ YES ☐ NO

Please list prescribed medications: _____

2. Does your child need or use more medical care than other children the same age? ☐ YES ☐ NO

3. Does your child have trouble doing things most children the same age can do? ☐ YES ☐ NO

4. Does your child need or receive special therapy, such as physical therapy, occupational therapy or speech therapy? ☐ YES ☐ NO

5. Does your child need counseling/treatment for behavior or emotional problems, or have delays in walking, talking or activities other children the same age can do? ☐ YES ☐ NO

6. **Regarding Questions #1 - #5** above, have any of the prescription(s), condition(s), or therapy lasted at least 12 months (or expected to last more than 12 months)? ☐ YES ☐ NO

7. Please list any allergies your child has (i.e. medications, food, latex, etc.): _____

8. Has your child been seen by a dentist? ☐ Yes, within one year ☐ Yes, over one year ago ☐ Never

Name of child's primary dentist/dental office: _____

**This school-based dental program is provided by Seals-On-Wheels Oral Health Program (www.SealsOnWheelsWisconsin.com). The preventative service offered is not meant to be an alternative to regular dental care. It is strongly recommended that you seek out a family dentist for routine dental care, including any follow-up care which may be suggested during your child's participation in this dental program. All dental services are carried out in a confidential manner, and your health information privacy is respected in accordance with the Health Insurance Portability and Accountability Act (HIPAA: <http://www.hhs.gov/ocr/privacy/>). Questions about the program? Call Nikki L. Frisch, RDH, at 608-988-6472 or email SealsOnWheelsWI@gmail.com.

Form valid for 1 year from date of consent.

No student will be refused services based on their insurance coverage. This program is free to all students.