

CONSENT FORM ON BACK

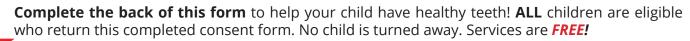
Keeping your child's smile healthy!

Tennessee Department of Health's School Based Dental Prevention Program offers dental preventive services to your child for *FREE!*

- Screenings and Education
- Silver Diamine Fluoride

> Sealants

Fluoride Varnish



A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

SEALANTS

Getting sealants is as easy as brushing your teeth and painless too!



My child has already

had sealants and sees

should they participate?

a dentist regularly,

Sealants can last for

many years but if your

on all permanent back

teeth as needed for

NO COST

child's sealants come off, we can replace them

Tooth Decay is the single most common chronic childhood disease.

Dental Sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth to prevent against tooth decay.

PREVENTION VS. TREATMENT





Sealants, no cost provided at school

Treatment, a costly trip to dentist



Scan QR code for more information or visit www.tn.gov/oralhealth

SILVER DIAMINE FLUORIDE (SDF)

If your child has tooth decay, we would like to provide up to two applications of silver diamine fluoride, to control the tooth decay and prevent the cavity from getting worse.

BENEFITS

NO shots or drills

Can prevent teeth from hurting

Stops cavities from getting bigger

WHAT TO EXPECT

- SDF will change the color of the cavity from brown to black.
- SDF will **not** stain healthy teeth.
- We recommend follow-up with dentist.
- SDF may cause a metallic taste that will go away quickly.
- If SDF touches your child's skin, you will see a small color change that will change back in 2-3 days.

Treatment with silver diamine fluoride may not prevent the need for additional dental treatment. There is a possibility the SDF treatment may not stop the decay and no guarantee of success is granted or implied.



YES!

KNOX COUNTY

TENNESSEE

HEALTH DEPARTMENT

SEALANTS







Protected After Sealant

SILVER DIAMINE FLUORIDE (SDF)





Active Decay

Non-Active Decay

	Child's Name:							
	-	First	Middle	Last		Sex	Birth Date	Age
r Child	Home Address:Street			City			State	Zip Code
About Your Child	Phone Number			Name of School			Grade	Teacher
1po	Race (Please check all that apply):			☐ White ☐ Black/African American ☐ As			Asian	
	American Indian/Alaska Native Hispanic Native Hawaiian/Pacific Islander Other							Other
	Does your child have TennCare?							
Health History	Parent/Guardian: Please Complete the Student Health History Below							
	Does your child have any allergies? \square Yes \square No Any allergies to silver/metals? \square Yes \square No							
	If yes, what?							
	Is your child taking any medications? 🗌 Yes 🔲 No							
lth	If yes, what?							
Неа	Is there anything else we should know about the health/behavior of your child? Yes No If yes, what?							
	Has your child visited a dentist within the last twelve months? $\ \square$ Yes $\ \square$ No							

I give consent for my child to participate in the sealant, fluoride varnish, and silver diamine fluoride programs provided by the TN Department of Health. To the best of my knowledge, the medical history questions have been answered accurately. I have been given a copy of the health department's notice of privacy practices, or it is available to me through the school nurse or by calling my local health department.



Signature of Parent or Guardian

Parent Consen