

Dear Parent or Guardian,

Seals-On-Wheels Oral Health Program will be providing children with dental screenings, cleanings, oral hygiene instructions, sealants, and fluoride treatments at your school. **It is free for all students in any grade.** Seals-On-Wheels is funded by a grant through Seal-A-Smile of Wisconsin affiliated with Children's Health Alliance of WI. All clinicians follow protocols and guidelines put in place by the Centers for Disease Control and Prevention for mobile programs. Please reach out if you have any questions.

Seals-On-Wheels targets 2nd through 6th grade children, but we encourage all students to sign up. These grades are especially targeted due to the eruption pattern of the first and second molars. When the molars erupt, they have deep grooves that easily catch bacteria and sugar, and it is difficult even with regular brushing to reach the bottom of these tiny deep molar grooves. The sealants we offer act as a coating to help prevent cavities by filling in the grooves to create a smoother surface, making it easier to keep clean. The sealants do not completely prevent decay, so we recommend parents or guardians help their children brush and floss until they are at least 9 years to ensure proper technique.

The health history questions being asked are provided by Seal-A-Smile for data entry purposes only and the dental team's knowledge to provide the best care possible. Please fill out as much as possible so we have a better understanding of the children we are providing service to, which allows Seal-A-Smile of Wisconsin to continue funding programs like Seals-On-Wheels.

If you would like your child to be involved in the dental program, please fill out the health history form on the back and return it to your child's school. If you have any questions, feel free to contact me. Please **RETURN TO SCHOOL BY September 17th. Or apply online at <https://sealasmile.wisconsin.gov/Consent>** The permission form is valid for one year.

Thank you,

Nikki L. Frisch, RDH, Program Coordinator
Seals-On-Wheels Oral Health Program

Cell: 608-988-6472

Website: www.SealsOnWheelsWisconsin.com

Email: SealsOnWheelsWI@gmail.com



PERMISSION FORM: School-Based Dental Health Program

Please complete this form and return to your school. Form valid for 1 year from date of consent.



Name of Student: _____ Child's Date of Birth: _____ Sex: ☐ Male ☐ Female

Address: _____ City: _____

Phone (home and/or cell phone): _____ Email: _____

School: _____ Teacher: _____ Grade: _____ Age: _____

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) for not participating: _____

*Health History

No student will be refused services based on their insurance coverage.

This program is free to all students.

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 (check all that apply): ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander

☐ Not Applicable

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 your 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.