

Northwoods
Dental Project
Healthy Smiles



A Free Dental
program is being
offered at your child's
school.

What: Dental exams and fluoride varnish applications are being offered to children ages 6 months to 5 enrolled in or eligible for Early Head Start, Head Start, 4-K and Kindergarten.

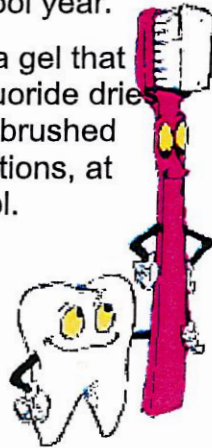
Where & When: At your child's school during the school year.

Why: What is Fluoride Varnish? Fluoride varnish is a gel that is painted onto the teeth, making them stronger. The fluoride dries almost immediately leaving a coating on the teeth until brushed bedtime. Your child will receive a minimum of 3 applications, at least 6 weeks apart, while our program is at your school.

Your child will receive:

- Dental Exam
- Fluoride varnish application
- Dental Supplies
- Individual oral health education
- Letter describing dental services is provided with recommendations

You can help your child have a healthy mouth by getting Fluoride Varnish!



Fluoride
Varnish
Saves
Smiles!

Healthy Smiles is a program of the Florence, Forest, Oneida and Vilas County Health Departments.
For more information call: 715-479-3758 or view our video at <http://www.vilaspublichealth.com/dentalservices.html#northwoods-dental-project>

This program is a valuable preventive dental service; however, we want to stress that it does not take the place of regular dental visits. We strongly recommend that you find a family dentist for routine dental care including any follow up care recommended after your child has completed this oral health program.

A copy of Northwoods Dental Project HIPAA Policy can be viewed and copied off the Vilas County Health Department website www.vilaspublichealth.com. If you would like a copy sent to you, please

PERMISSION FORM – Please complete and return to school

If your child attends more than 1 school, sign up at ONE school ONLY!

4K students should sign up ONLY at 4K, not at Head Start or Daycare!!

Name of Student: _____ Teacher: _____

Mailing Address: _____ City: _____ Zip: _____

Phone/Home: _____ Cell: _____

Student's Date of Birth: _____ Age: _____ Sex: M F

Student's Ethnicity: ___ White ___ Black/African American ___ Asian

___ Multi-Racial ___ American Indian/Alaska Native ___ Hispanic/Latino

___ Native Hawaiian/Pacific Islander ___ Unknown

Insurance: ___ Medicaid ___ BadgerCare/SCHIP ___ No Insurance

___ Private Insurance ___ Unknown

Health History

1. Does your home use well water? YES NO

2. Does your child take fluoride supplements, either drops or tablets? YES NO

3. Does your child see a dentist regularly? (2 times/year) YES NO

Name of Dentist: _____ City: _____

4. Does your child have allergies to any of the following?

Please circle all that apply: Pine/Evergreen Tree Sap

5. Please list any special health care needs, medications, allergies or health concerns:

Yes, I give permission for my child to participate in Healthy Smiles. I understand the program is free and Forward Health may be billed to help cover the costs. I also understand any dental needs my child may have may be shared with county or school health professionals.

No, I do not want my child to participate in the Healthy Smiles Fluoride Varnish Program at this time.

SIGNATURE – Parent or Guardian

Date