

GRAND PRAIRIE INDEPENDENT SCHOOL DISTRICT

HEALTH SERVICES

The Grand Prairie Independent School district will be providing a free dental sealant program to all eligible second and seventh graders. This program is made possible through the voluntary efforts of community dentists and the generous gifts of the Rotary Club of Grand Prairie Foundation.

A dentist will examine each student during school hours and will determine if the child's permanent molars are healthy and without decay. If so, the student will be eligible to have a thin liquid plastic coating applied to his/her molars. This coating is called a dental sealant and will provide protection from decay on the molars. If you want your child to participate in this program, please sign the permission form below and return to the school nurse. Both the screening and sealant "YES" line must be checked in order for your child to receive the dental sealants. There are no charges for these services. After your child is screened by the dentist and is deemed eligible for the sealants, the dental hygienist will return to the school and apply the sealants. If you have any questions regarding this program, please contact your school nurse.

School Nurse Telephone number

Dear Parent,

A dental screening/examination will be provided to students who have parental permission. This will only be a visual screening provided by a licensed dentist and performed during regular school hours. Because no dental radiographs will be taken, decay and pathology can be present that cannot be detected with solely a clinical exam. This does not take the place of a comprehensive exam in a dental office.

IF YOU WANT YOUR CHILD TO PARTICIPATE, COMPLETE THE FOLLOWING INFORMATION AND SIGN BELOW.

STUDENTS' NAME: _____

BIRTHDATE: _____ **SCHOOL:** _____

TEACHER: _____ **GRADE:** _____

SCREENING:

____ YES, I would like my child to receive a dental screening at school.

____ NO, I do not want my child to receive sealants at school.

SEALANTS

____ YES, I authorize the hygienist to perform treatment to place dental sealants on my child at school.

____ NO, I do not want my child to receive sealants at school.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW LINE

2 3 4 5 6 7 8 9 10 11 12 13 14 15

31 30 29 28 27 26 25 24 23 22 21 20 19 18

A B C D E F G H I J

T S R Q P O N M L K

CIRCLE - ELGIBLE FOR SEALANTS

X – TEETH WITH CURRENT DECAY

____ A condition exist that requires immediate attention. Student is advised to see a dentist as soon as possible.

____ There is need of dental car (cavities, teeth cleaning, extractions or braces).

____ The child appears to be in good health. Regular 6 month exams are recommended

____ Permanent molars have erupted and are decay free. These teeth will benefit from sealants.

Date Exam performed _____ DDS Signature _____

Date Sealants placed _____ RDH Signature _____