




Form
to complete
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School-Based Dental Sealant Application

Information sheet for parents





School-Based Dental Sealant Application

Dear parents,

Your child is eligible for school-based dental sealant application to improve his/her dental health. The service is provided by the public health dental hygienist affiliated with your child's school.



Example of a dental sealant

How is this activity carried out?

School-based dental sealant application:

- is done during class time in a single sitting and takes less than an hour;
- is free.

What is dental sealant?

Dental sealant is a plastic-like material. The dental sealant can be made of resin, glass ionomer or some other material. A thin coating is applied on the grooved surfaces of adult molars to reduce the risk of tooth decay. Adult molars are the large teeth at the back of the mouth. These teeth are considered to be at high risk of decay because it is harder for a child to reach them when brushing his/her teeth.

The public health dental hygienist may also apply sealant on other teeth at high risk of decay. Sealant application is a simple procedure and has no side effects.

When should dental sealant be applied?

It's best to apply dental sealant as soon as the first adult molars (large teeth at the back of the mouth) have come in. The first adult molars usually appear between the ages of 5 and 8, while the second adult molars appear between the ages of 11 and 13.

How effective is dental sealant?

Applying dental sealant is one of the most effective ways to prevent decay in teeth at high risk of decay. Resealing is usually unnecessary, since the sealant is often still effective even after five years.

Will the quality of the sealant applied be assessed?

The public health dental hygienist may see the child again one to two years after application to assess the quality of the sealant and reseal the teeth if necessary. Resealing involves replacing the sealant or adding more sealant.

Will the information collected be kept confidential?

Yes. All the information collected will be kept confidential at the institution where the public health dental hygienist works. The information may be used to assess and improve school-based dental services.

Can I refuse to allow my child to have dental sealant applied?

You are free to agree or refuse to allow your child to have dental sealant applied at school.

To let us know what you decide, you must:

- **complete and sign the enclosed consent or refusal form;**
- **return the completed, signed form to your child's teacher within the next three days.**

If you agree:

- you will be told which services your child received at each of his/her appointments with the public health dental hygienist;
- you may withdraw your child from this service at any time by notifying the public health dental hygienist using the contact information provided in the enclosed information letter.



School-based dental sealant application is an effective way to improve your child's dental health. However, it does not take the place of your child's regular visits to the dentist. The dental hygienist applies the sealant only on teeth at high risk of decay. At your child's next dental check-up, the dentist may suggest applying sealant on other teeth.



CONSENT OR REFUSAL FORM
School-based dental sealant application

Child's last name			
First name			
Health insurance number		Year Month	
		Expiry	
Date of birth		Sex	
Year Month Day		<input type="checkbox"/> M <input type="checkbox"/> F	
Address (no., street)			
City		Postal code	

Please complete all the shaded sections in this form

Additional information	
Parent's 1 first and last name	Parent's 2 first and last name
Name of school	
Teacher's name and group number	

School-based dental sealant application
<p>By agreeing to allow your child to have dental sealant applied at school, you agree:</p> <ul style="list-style-type: none"> - That your child may receive the free school-based dental services mentioned in the information sheet enclosed with this form. - That the information collected during the appointments with the public health dental hygienist (e.g., dental screening results and dental health status) as well as the information in the medical questionnaire will be kept confidential at the institution where the dental hygienist works. - That, if your child changes school, his/her name and grade and the information collected during his/her appointments with the public health dental hygienist will be sent to the public health dental hygienist at your child's new school so that he/she can continue to receive dental services.

Consent or refusal																				
<p>I acknowledge that I have read the information sheet for parents on school-based dental sealant application and have read the information on the protection of personal information. I know that I am free to agree or refuse to allow my child to receive this service.</p> <p><input type="checkbox"/> I CONSENT to my child having dental sealant applied at school (please complete the medical questionnaire overleaf too).</p> <p><input type="checkbox"/> I REFUSE to allow my child to have dental sealant applied at school.</p> <p>Parent's or guardian's first and last names: _____ (in block letters)</p> <p>Parent's or guardian's telephone numbers:</p> <table> <tr> <td>Home</td> <td>Office</td> <td>Cell phone</td> </tr> <tr> <td> <table> <tr> <td>Area code</td> <td>Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> </td> <td> <table> <tr> <td>Area code</td> <td>Number</td> <td>Ext. no.</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> </td> <td> <table> <tr> <td>Area code</td> <td>Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> </td> </tr> </table> <p>X _____ Parent's or guardian's signature</p> <p>Date _____ Year Month Day</p>	Home	Office	Cell phone	<table> <tr> <td>Area code</td> <td>Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Area code	Number	_____	_____	<table> <tr> <td>Area code</td> <td>Number</td> <td>Ext. no.</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Area code	Number	Ext. no.	_____	_____	_____	<table> <tr> <td>Area code</td> <td>Number</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Area code	Number	_____	_____
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User's name

Record no.

MEDICAL QUESTIONNAIRE

Complete all the sections

1. Has your child consulted a doctor in the last year?

Yes No

If so, why? _____

2. Is your child taking any medications at the moment?

Yes No

If so, which medications? _____

3. Does your child have or has he/she ever had:

• Heart problems?

Yes No

• Bleeding problems (hemophilia, prolonged bleeding)?

Yes No

• Diabetes?

Yes No

• Epilepsy?

Yes No

• Asthma?

Yes No

• Other illnesses?

Yes No

Specify: _____

4. Is your child allergic to:

• Foods?

Yes No

If so, which foods? _____

• Rosin (adhesive dressings, scotch tape)?

Yes No

• Latex?

Yes No

• Acrylic?

Yes No

• Food colouring?

Yes No

• Anything else?

Yes No

Specify: _____

If your child's medical condition changes, please inform the public health dental hygienist.

X _____
Parent's or guardian's signature

Date

Year	Month	Day

