

*Form to be
completed
and returned
before:*

Dental Services Provided at School by Public Health to Prevent Tooth Decay

Information sheet for parents



Hi,

Following the visit of the public health dental hygienist, we are pleased to offer the following services to prevent tooth decay. If you accept, the dental hygienist will provide these services for **FREE** directly at the school.

What you need to do (You are free to accept or decline the offered dental services):

- Read the information below where the box has been checked. ✓
- Complete the public health dental services consent or refusal form.
- If you accept the dental services, complete the medical questionnaire (last page, back side). If you refuse the services, do not complete the medical questionnaire.
- Cut off the last page and return it to the group supervisor.

☐ Dental Sealant Application

Dental sealant is a product applied on the surface of adult teeth to make them smoother and easier to clean. The sealant is made of resin or glass ionomer. The application is simple and does not require numbing the tooth. It is done during class time, and it takes about 30 minutes. There are no side effects. The dental hygienist may come back next year to assess the condition of the sealant.



☐ Silver Diamine Fluoride Application

One or many baby teeth show signs of advanced decay. A visit to the dentist is needed soon. In the meantime, applying a solution of «silver diamine fluoride» is recommended. It is a drop of liquid placed on the tooth to slow down or stop the progression of tooth decay. The treated area will turn black. It is a baby tooth located at the back of the mouth. There may also be a metallic taste that lasts only a few hours. This service is beneficial and complementary to the care you will receive from your dentist.





DT9313

CONSENT OR REFUSAL FORM
Public Health Dental Services
Please complete all the shaded sections in this form

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

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

Consent or refusal	
<p>Only the parent, legal guardian, or the individual themselves (if 14 years of age or older and capable of consenting) may complete this form.</p> <p>By accepting the dental services identified in this information sheet, you agree that the information collected during the appointment with the public health dental hygienist, as well as the information from the medical questionnaire, will be kept confidential within the institution where the public health dental hygienist works.</p> <p>I acknowledge that I have read the information sheet and have been informed about the protection of personal information. I know that I am free to accept or refuse the dental services offered at the school.</p> <p>Please indicate whether you accept or refuse the service identified with a check. ✓ If the dental service is not checked, it does not apply to you.</p> <p><input type="checkbox"/> Dental sealant:</p> <p><input type="checkbox"/> I CONSENT to the application of dental sealant.</p> <p><input type="checkbox"/> I REFUSE the application of dental sealant.</p> <p><input type="checkbox"/> Silver Diamine Fluoride:</p> <p><input type="checkbox"/> I CONSENT to the application of silver diamine fluoride.</p> <p><input type="checkbox"/> I REFUSE the application of silver diamine fluoride.</p> <p>Name: <input type="text"/></p> <p>Signature : <input type="text"/></p> <p>You are: <input type="checkbox"/> The parent or legal guardian</p> <p><input type="checkbox"/> The student aged 14 and over</p> <p>Date : <input type="text"/></p> <p>Year Month Day</p>	
SEE THE BACK	

User's name

Record no.



MEDICAL QUESTIONNAIRE

(To be completed if you accept the services)

1. Does the student have:

• Asthma?

☐ Yes ☐ No

• Diabetes?

☐ Yes ☐ No

• Epilepsy?

☐ Yes ☐ No

• Other illnesses?

☐ Yes ☐ No

• Specify: _____

2. Is the student allergic to:

• Silver (metal)?

☐ Yes ☐ No

• Latex?

• Anything else?

☐ Yes ☐ No

• Specify: _____

Other information: _____

X

Signature of the parent, guardian or student (if 14 years and older)

Year

Month

Day