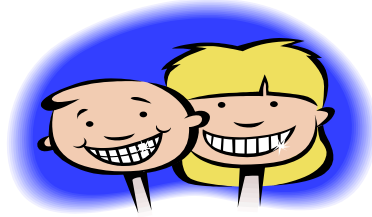


# KIDS' SMILES

Oral Health Screening, Fluoride Varnish Application, Education and Referral Program



This is a **FREE** program provided by Madison County Health Department and the Kids Smile Fluoride Program.

**Fluoride Varnish** is a layer of fluoride that is painted on the teeth. The fluoride can be applied **6 times a year**. It is easy, fast and painless! Fluoride can prevent, slow down and reverse the tooth decay process.

The **BEST** way to protect children from tooth decay is to **STOP** it before it starts! **Fluoride** is your child's best friend when it comes to building strong, healthy, beautiful teeth for a lifetime. Every child can benefit from **Fluoride**. Under their gums there's a regular little tooth factory busy making teeth, baby teeth and the adult (permanent) teeth. Even though you won't see some of them for years, **Fluoride** starts making those teeth strong long before they come through the gums.

A health care professional will screen your child's teeth and apply fluoride varnish. Each child will receive a toothbrush and toothpaste. If tooth problems are noted, a dental referral list will be sent (**only a licensed dentist may make a diagnosis of decay**). This service will be performed **TWICE (fall and spring semesters)**. This screening will satisfy the new dental screening requirement {KRS 156.160}. A copy of form OH 12 (dental screening) will be kept in your child's school record. A copy is available upon request.

**Please complete the back of this form to allow your child to have dental screening and fluoride varnish**

# KIDS' SMILES

Oral Health Screening, Fluoride Varnish Application, Education and Referral Program.

This is a **FREE** program provided by Madison County Health Department and the Kids Smile Fluoride Program.

Child's Name: \_\_\_\_\_ Male / Female (circle)

Child's Date of Birth \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ AM / PM Class

<input type="checkbox"/> <b>YES</b> I give permission for a health care professional to screen my child's teeth and apply fluoride varnish. <i>[This screening will satisfy the new dental screening requirement]</i> This will be applied <b>TWICE</b> during the school year.
<input type="checkbox"/> <b>NO</b> I do not give permission for a health care professional to screen my child's teeth or apply fluoride varnish.

## Health History

Any Known Allergies? (Circle one) Yes / No Please list \_\_\_\_\_

Any Health Problems? (Circle one) Yes / No Please list \_\_\_\_\_

Allergic To Latex? (Circle one) Yes / No

SIGNED: \_\_\_\_\_

**Parent/Guardian**  
(Expires one year from date signed)

DATE: \_\_\_\_\_

MCHD 301(5/10)

PLEASE PROVIDE ALL INFORMATION REQUESTED ON FORM