Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH
Martin County

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

Oral Health Prevention Program

2018/19 School Year

Dear Parent/Guardian:

An Oral Health Prevention Program will be provided for your child at his/her school. The goal of this program is to teach each child how to properly clean his/her teeth, provide a fluoride varnish and place protective sealants, if needed. Dental sealants are safe, painless, and easy to apply and prevent cavities. Sealants are approved by the American Dental Association.

A licensed dental hygienist from the Florida Department of Health will provide a screening of your child's teeth. Your child will not be given any sedatives, shots, medications or x-rays. If your child has cavities, the cavities will need to be treated by a dentist in a dental office. A letter will be sent home with your child describing what was done and what follow-up care is needed.

This program should not replace a complete check-up in a dental office

Please print
Teacher's name_____Grade_____School_____
Child's name _____Date of birth_____
Home Address/zip code_____
Contact phone number_____ Parent Name _____
Does your child have Medicaid ____yes ____no • My child's Medicaid number is _____
Does your child have Dental Insurance? ___yes____no

Please provide your child's dentist information

Dentist name_____
Address_____
Office phone number_____

Consent to release information

I do hereby consent to Florida Department of Health – Martin County, 3441 SE Willoughby Blvd. Stuart, FL 34994 and any physician or health care provider or authorized agent, examining or treating my child to use or disclose protected health information for Medicaid payment, if eligible, for such treatment or health care operations, including release to any third party payer. This may include any and all information pertaining to payment.

THE NOTICE OF PRIVACY RIGHTS can be found on our webpage: www.MartinCountyHealth.com

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE ABOVE CONSENT AND CONSENT TO DENTAL TREATMENT OF ABOVE CHILD.
Yes, I want my child to participate. Signature x_____ Date x _____

The services being offered are not a substitute for a comprehensive dental exam by a dentist.

Florida Department of Health
in Martin County
3441 SE Willoughby Blvd., • Stuart, FL 34994
PHONE: 772/221-4000 • FAX: 772/221-4989
MartinCountyHealth.com

PHAB Accredited Health Department
Public Health Accreditation Board