



**Florida Department of Health
in Baker County**
480 West Lowder Street
Macclenny, FL 32063

For Questions, please contact us
Monday through Thursday
8:30 am - 4:30 pm
904-653-5227

Information for Parents/Guardians

School-Based Sealant Program for Baker County and Clay County

The Florida Department of Health's School-Based Sealant Program staff will be visiting your child's school and providing dental services to children, based on parental/guardian approval.

No fees for treatment services will be charged to the parent or guardian. Insurance may be billed, based on coverage.

This program is supervised by Dr. Tara Hackney, license number DN 11888.

Available Dental Health Care Services

Your child will receive an in-person exam/assessment by a Florida licensed dentist/dental hygienist. Your child will NOT receive shots, X-rays, or fillings.

Along with the screening/assessment, your child may receive:

- Dental cleaning
- Topical fluoride application for cavity prevention
- Dental sealant(s)
(A thin coating applied on healthy back teeth to help prevent cavities)
- Silver Diamine Fluoride Application
- A new toothbrush for use at home
 - Toothpaste & Dental Floss may be provided if available.
- Tips on brushing and flossing properly
- Nutrition information to promote good oral health

Results from Exam/Assessment

After seeing your child, we will send a letter home with your child explaining which services were provided to your child and any additional dental health care treatment that may still be needed.

- **If your child has an urgent condition(s), the Department will reach out to you by phone either from the Dentist, a member of the dental team, or a school nurse.**
- The diagnosis of tooth decay or cavities, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist during a comprehensive examination that require X-rays.

How to Receive Services

If you would like your child to receive these services, please complete the consent forms on the next page, print them out, and return them to your child's teacher or the school nurse.

Caring for your child's teeth early prevents issues like cavities, tooth decay, and gum irritation, setting the foundation for a lifetime of good health. Focusing on oral health and building healthy habits helps children grow into healthy adults!





Consent Form for Treatment

Florida Department of Health

School-Based Sealant Program

County: ☐ Baker ☐ Clay
School: _____
Grade: _____
Teacher: _____

Your child will receive an assessment/screening by a licensed dental hygienist, along with appropriate treatment that may include a dental cleaning, sealants, fluoride varnish, and oral hygiene instructions. Services will be provided at your child's school.

CHILD INFORMATION

First Name: _____ Last Name: _____
Date of Birth: _____ Sex: ☐ Male ☐ Female
Address: _____
City: _____ State: _____ Zip Code: _____
Race/Ethnicity: ☐ White ☐ Black ☐ Hispanic ☐ Non-Hispanic ☐ Asian
☐ American Indian/Alaska Native ☐ Hawaiian Native ☐ Pacific Islander ☐ Other
Name of Parent/Guardian: _____ Phone Number: _____
Permission to Leave Voicemail? ☐ YES ☐ NO

HEALTH INSURANCE INFORMATION

Insurance Type: ☐ Florida Healthy Kids ☐ Medicaid ☐ None
Member ID/Policy Number: _____

CHILD'S HEALTH INFORMATION

☐ Yes ☐ No Has your child received a dental checkup or dental care within the last year?
If yes, provide dental provider name: _____
☐ Yes ☐ No Has your child been seriously ill?
If yes, please list all serious illnesses: _____
☐ Yes ☐ No Does your child have any allergies?
If yes, please list all known allergies: _____
☐ Yes ☐ No Is your child currently taking any medications?
If yes, please list all medications: _____
Reasons for medication(s): _____
☐ Yes ☐ No Is there anything else we should know about your child?
If yes, please explain: _____

PARENT/GUARDIAN CONSENT

The Notice of Privacy Practices is available online at FloridaHealth.gov/Privacy. Paper copies are available by request.
To protect patient privacy, information about a child's treatment can only be released to parents or legal guardians. I, _____, do hereby give consent to the Florida Department of Health to use or disclose protected health information for treatment or insurance/Medicaid payment, for treatment purposes, or for health care operations. I agree if my child has urgent dental needs, his/her health information can be shared with school health clinic staff. By signing this form, I confirm my review of the Notice of Privacy Practices and give permission for my child to participate in this program.

Name of Parent/Guardian

Signature

Date

Anyone who is not a biological parent and is giving consent for treatment must present legal proof of guardianship.

County: ☐ Baker ☐ Clay
 School: _____
 Grade: _____
 Teacher: _____

For your child to receive this treatment, please complete and sign this silver diamine fluoride consent form and return it to your child's teacher. Services will be provided at your child's school.

CHILD INFORMATION

First Name: _____ Last Name: _____
 Date of Birth: _____ Sex: ☐ Male ☐ Female
 Name of Parent/Guardian: _____ Phone Number: _____

INFORMATION ABOUT SILVER DIAMINE FLUORIDE

Benefits of treatment:

- May stop tooth decay and relieve tooth sensitivity
- May decrease the likelihood of cavities getting worse for those patients who are very young, fearful, or have special needs that may otherwise require sedation for traditional dental treatment.

Facts about silver diamine fluoride (SDF):

- It is an antibacterial liquid used to treat tooth sensitivity and to help stop tooth decay. It is not a filling.
- Application is simple and painless: tooth is dried, silver diamine fluoride solution is applied with a little brush on the affected area, area is air-dried and rinsed.
- The affected area will stain black permanently where SDF was applied. Stained tooth structures can be covered with a filling or crown.
- If accidentally applied to the skin or gums, a harmless brown stain may appear. The stain cannot be washed off but will naturally wear away in 1-3 weeks.
- If cavities (tooth decay) are not stopped, it will continue to progress. That tooth may need additional treatment, such as repeating the SDF treatment, a filling, a crown, root canal treatment, or tooth removal.
- Effective SDF treatment may require a repeated application.

Before Treatment



After Treatment



Silver diamine fluoride treatment should NOT be used, if:

- Your child is allergic to SDF or any of its components (silver fluoride, ammonium fluoride, ammonium hydroxide, FD&C Blue 1, deionized water)
- If the cavity (tooth decay) is too large or is in the nerve of the tooth
- Your child has painful sores, raw areas on the gums, or other mouth injuries

If you have any questions, please contact our office at 904-653-5227.

PARENT/GUARDIAN CONSENT

I hereby acknowledge that I have read and understand this consent and the meaning of its contents. All questions have been answered in a satisfactory manner. I hereby give consent to silver diamine fluoride treatment on my child's back teeth.

There is no guarantee of the outcome or cure. The potential health problems of not performing dental treatment on my child have been explained to me, and I understand them.

By signing this form, I confirm my receipt of the Notice of Privacy Practices and give permission for my child to participate in this program.

Name of Parent/Guardian

Signature

Date

Anyone who is not a biological parent and is giving consent for treatment must present legal proof of guardianship.

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