



9 CAREY ROAD  
QUEENSBURY, NY 12804  
518-764-3036  
WWW.HHNN.ORG

Dear Parent/Guardian:

We are excited to be working with local schools to bring preventative dental services and dental education directly to children. If you enroll your child in the program, he/she will be seen by a NYS Licensed Dental Hygienist who will provide dental care and education that promotes healthy teeth and gums. Services include screening, cleaning, fluoride treatment, dental sealants, education, and referral for additional treatment if necessary. Upon completion of care, each child will receive an Oral Health Report Form indicating services provided and appropriate referral.

All are welcome! If your child currently sees a dentist, he/she is still welcome to participate. We ask that you provide the information about your current dental provider on the consent form where indicated. Services will not be duplicated.

**Families are not charged for services**, only insurance companies if applicable. If you have dental insurance, we ask that you provide the insurance information to us. If your child does not have dental insurance, all services will be provided at **no cost**.

**Instructions:**

To participate, please complete the front and back of the enclosed form and return to your child's school. If your child will NOT be participating in the program, please indicate this by checking No at the top of the consent form and return the form to their school.

**Dental Emergencies:**

If your child has a dental emergency at any time of the day or night, call the office of his/her regular dentist if applicable. If your child does not have a regular dentist, call the Hudson Headwaters Dental Services Center at 518-623-3918.

The Healthy Smiles program is compliant with Infection Control guidelines set by the CDC, OSAP and NYSDOH.

**To learn more about this program visit us online at [www.hhnn.org](http://www.hhnn.org) or contact:**

**Piperlea Chico, RDH- (518) 764-3036**  
Director of School Based Dental Services,  
Dental Hygienist

## Dental FAQs and Tips:

### What are Dental Sealants?

- Dental Sealants are a thin composite resin coating painted onto the chewing surfaces of permanent teeth. They provide protection for your child's teeth by acting as a barrier to prevent plaque bacteria and food from damaging the teeth. Sealants are applied by the Dental Hygienist.

### What is Fluoride?

- Fluoride is a naturally occurring mineral. It helps to strengthen and re-mineralize enamel. Fluoride can be found in some community water sources and oral care products such as toothpaste and mouth rinse.
- Fluoride varnish is a concentrated topical fluoride treatment used to help prevent tooth decay. It is painted on the teeth. It is quick and easy to apply and is offered in a variety of flavors. Fluoride varnish stays on the teeth for several hours allowing the fluoride to seep into enamel and strengthen the teeth.

### Brushing Tips

- Your child should always use a soft-bristled toothbrush.
- Brush 2x day for 2 minutes (morning and night).
- Toothbrushes should be replaced every **three** months or after being sick.
- **Never** share a toothbrush. This can spread germs.

### Flossing Tips

- Flossing cleans between the teeth where a toothbrush can't reach.
- Your child can begin flossing when any two teeth touch.
- Floss 1-2x daily.
- Children need assistance with flossing until age 7 or 8.

# Hudson Headwaters Healthy Smiles Consent Form

**Yes, I give permission for my child to be enrolled in the school based dental program.**

*Fill out the form in its entirety and return to your child's school.*

**No, I do not give permission for my child to be enrolled in the school based dental program.**

*Fill in your child's name, school name, sign on reverse, and return to your child's school.*

## 1. Demographic Information

Child's First and Last Name

Date of Birth

Sex

### Race (check one):

White

American Indian or Alaskan Native

Black or African American

Hispanic or Latino

Asian or Native Hawaiian/other Pacific Islander

Multiracial

Other:

Name of School

Teacher

Grade

Child's Address

City, State, Zip

Parent Guardian Name (s)

Email Address

Home Phone

Cell Phone

Work Phone

## 2. Alternative Emergency Contact (Required)

Name

Relationship to Child

Home Phone

Cell Phone

## 3. Dental Coverage

My child has never seen a dentist.

My child does NOT have a regular dentist at this time. Do you need help finding a dentist for your child?  Yes  No

My child has been to a dentist for a cleaning within the last 6 months.

Date of last dental visit: \_\_\_\_\_ Date of next scheduled dental visit: \_\_\_\_\_

Dentist Name

Phone

Address

## 4. Dental Insurance Information

**Uninsured (no dental coverage)**

**Medicaid Insurance**

ID#

CIN#

SEQ#

**Private Dental Insurance**

ID#

Group#

Plan Name

Employer

Insurance Phone #

Policy Holder Name

Social Security Number

DOB

FOR OFFICE USE ONLY:

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF FORM AND RETURN TO SCHOOL.**

5. Health Information								
AIDS/HIV	Yes	No	Asthma	Yes	No	Immune Deficiency	Yes	No
Bleeding Disorders	Yes	No	Artificial Joints	Yes	No	Diabetes	Yes	No
Fainting Spells	Yes	No	Epilepsy/Seizures	Yes	No	Vision Problems	Yes	No
Heart Disease	Yes	No	Anxiety/Depression	Yes	No	Hearing Loss	Yes	No
Heart Murmur	Yes	No	Developmental Disability	Yes	No	Tuberculosis	Yes	No
Hepatitis/Liver Disease	Yes	No	Headaches	Yes	No	Serious Injury	Yes	No
Kidney Disease	Yes	No	Low Blood Pressure	Yes	No	Hospitalization	Yes	No
GI Problems	Yes	No	High Blood Pressure	Yes	No	Surgery	Yes	No
Comments:								

Does your child take a daily fluoride supplement? (please circle)

Yes	No
Yes	No

Does your child take any medication on a DAILY basis? (please circle)

Please list daily medications: \_\_\_\_\_

Does Your Child have any allergies to the following items? (please circle)

Yes	No
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Latex    Tree    Nuts    Seasonal    Resins    Foods    Antibiotics    Penicillin    Other: \_\_\_\_\_

### 6. Consent To Participate

- I consent to my child receiving the following dental services: assessments, cleanings, fluoride, and dental sealants.
- I understand that this consent may stay in effect for one (1) school year while my child attends this school; however, this consent may be revoked by me or my designee at any time except to the extent that the person/ organization has already acted.
- It is the parent/guardian's responsibility to inform the dental provider and/or the school nurse of any changes in their child's medical information.
- I understand that a copy of my child's dental report may be given to the school nurse or designated site coordinator and that all information about my child will be kept confidential within the Partnering Agencies.
- If I have dental insurance, I authorize my insurance carrier to be billed for any services provided.
- I have been given a copy of the Hudson Headwaters Notice of Privacy Practices and Patient Bill of Rights.
- I understand that Hudson Headwaters Health Network may use my child's health information for treatment, payment, health care operations, and program evaluation.
- I understand that it is my responsibility to keep my child's dentist informed of services provided to my child by this program to avoid duplication of services which may result in me receiving a bill from my child's dentist.
- I understand that Hudson Headwaters Health Network may share information regarding my child's dental visit with my child's current dental provider (if one is listed on the consent).
- I have read and understand the dental program and I consent to have my child participate in the school based dental program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Today's Date

FOR OFFICE USE ONLY:

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE COMPLETE FRONT AND BACK OF FORM AND RETURN TO SCHOOL.**

For Office Use Only:

Health History Review @ 6MRC

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_