



**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

**FREE ORAL HEALTH PROGRAM**

Dear Parent/Guardian:

A dental program to help stop cavities is free for you and your child through Nebraska Office of Oral Health and Dentistry, and Northeast Nebraska Public Health Department (NNHD). The purpose of the program is to help you and your family have a healthy mouth.

Your child will be able to visit with a Dental Hygienist, who will...

- Talk with your child about good brushing habits.
- Screen your child's mouth for any problems.
- Put a fluoride varnish on your child's teeth to prevent tooth decay.
- Provide sealants, if needed to protect your child's teeth from decay.

The fluoride will be used 2-3 times during this school year. A note will be sent home if any problems are found during the screening.

This screening and fluoride given to your child's teeth **DOES NOT** take the place of a regular dental visit by your family Dentist. Even if your family already sees the dentist regularly, this program can help to improve your oral health even more.

To have this free work done, you must give consent

**YES NO**

(Check YES or NO in the boxes)

All children will receive education to take home and be shared with parents.

|                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I would like all services for my child(ren). (Screening, Fluoride, Cleaning & Education) |
| <input type="checkbox"/> | <input type="checkbox"/> | No thanks, I do not wish to participate in the program.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I want my child to receive Sealants if needed (ages 6-12 years old).                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I would like screening only.   |

**SCHOOL NAME:** Allen Public School

**Parent(s) Names (PLEASE PRINT):** \_\_\_\_\_

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_  
**Date**

*Please note: These services DO NOT take the place of regular dental examinations by your regular dentist. We encourage you to participate in the screening and cleaning program even if you see your dentist for regular care. This program is supported by grant number NBO10T009344 and is limited to the time of the PHHS funding duration.*

Any questions or concerns may be directed to:

Northeast Nebraska Public Health Department -Phone 402-375-2200 [peggy@nnphd.org](mailto:peggy@nnphd.org)

Please complete ALL the information below for the child(ren) you want to receive services.

| Child 1 Information  |   |      | Grade: |
|--|---|------|--------|
| Child's name:  | First:  |      |        |
|  | Last:   |      |        |
| Gender   | Circle one<br>M F   |      |        |
| Age:   |   | DOB: |        |
| Ethnicity:   | Circle one<br>Hispanic/Latino Non-Hispanic  |      |        |
| Race:  | Circle one<br>White/Caucasian<br>African American/Black<br>Native American/Alaskan Native<br>Pacific Islander<br>Asian<br>Multi-racial<br>Other _____ |      |        |
| Answer questions below   |   | Yes  | No     |
| Do you have a dental home?(Dentist you see on a regular basis) |   |      |        |
| Dentist _____  |   |      |        |
| Does child have medicaid?                                      |   |      |        |
| Does child have private dental insurance?                      |   |      |        |

| Child 2 Information  |   |      | Grade: |
|--|---|------|--------|
| Child's name:  | First:  |      |        |
|  | Last:   |      |        |
| Gender   | Circle one<br>M F   |      |        |
| Age:   |   | DOB: |        |
| Ethnicity:   | Circle one<br>Hispanic/Latino Non-Hispanic  |      |        |
| Race:  | Circle one<br>White/Caucasian<br>African American/Black<br>Native American/Alaskan Native<br>Pacific Islander<br>Asian<br>Multi-racial<br>Other _____ |      |        |
| Answer questions below   |   | Yes  | No     |
| Do you have a dental home?(Dentist you see on a regular basis) |   |      |        |
| Dentist _____  |   |      |        |
| Does child have medicaid?                                      |   |      |        |
| Does child have private dental insurance?                      |   |      |        |

| Child 3 Information  |   |      | Grade: |
|--|---|------|--------|
| Child's name:  | First:  |      |        |
|  | Last:   |      |        |
| Gender   | Circle one<br>M F   |      |        |
| Age:   |   | DOB: |        |
| Ethnicity:   | Circle one<br>Hispanic/Latino Non-Hispanic  |      |        |
| Race:  | Circle one<br>White/Caucasian<br>African American/Black<br>Native American/Alaskan Native<br>Pacific Islander<br>Asian<br>Multi-racial<br>Other _____ |      |        |
| Answer questions below   |   | Yes  | No     |
| Do you have a dental home?(Dentist you see on a regular basis) |   |      |        |
| Dentist _____  |   |      |        |
| Does child have medicaid?                                      |   |      |        |
| Does child have private dental insurance?                      |   |      |        |

| Child 4 Information  |   |      | Grade: |
|--|---|------|--------|
| Child's name:  | First:  |      |        |
|  | Last:   |      |        |
| Gender   | Circle one<br>M F   |      |        |
| Age:   |   | DOB: |        |
| Ethnicity:   | Circle one<br>Hispanic/Latino Non-Hispanic  |      |        |
| Race:  | Circle one<br>White/Caucasian<br>African American/Black<br>Native American/Alaskan Native<br>Pacific Islander<br>Asian<br>Multi-racial<br>Other _____ |      |        |
| Answer questions below   |   | Yes  | No     |
| Do you have a dental home?(Dentist you see on a regular basis) |   |      |        |
| Dentist _____  |   |      |        |
| Does child have medicaid?                                      |   |      |        |
| Does child have private dental insurance?                      |   |      |        |