

CUYAHOGA COUNTY BOARD OF HEALTH

5550 Venture Drive Parma, Ohio 44130

FREE DENTAL SEALANT PROGRAM

216-201-2001

Dear Parent/Guardian,

A FREE dental program will be in your child's school. This program, which helps prevent tooth decay, is for 2nd & 6th graders. A dental hygienist will examine your child's teeth and decide which teeth need to be sealed. The hygienist will then put the sealants on your child's teeth to seal out food and bacteria, which cause decay. Your child's sealants will be checked NEXT YEAR. New sealants will be applied if needed. Please fill out this form today.

Your child must return it to his/her teacher. Please fill out MEDICAID INSURANCE information completely

PLEASE CHECK EITHER YES or NO

Yes I want to receive FREE SEALANTS. (Please fill in the entire form, sign below, and return form.)

No I do not want my child to receive free sealants. (Please fill in name, sign below and return form.)

This Free Program is funded by the Ohio Department of Health. The value of this service is over \$150 per child and we rely on insurances such as Medicaid to help cover the costs. If your child is covered by Medicaid/Healthy Start, please check the name of the Managed Care Plan and fill in the ID numbers.













No Insurance Private Insurance Check if interested in obtaining Medicaid Insurance

CHILD'S NAME: _____ M / F BIRTHDATE ____/____/____

Address _____ Zip code _____

Phone: _____/Cell _____

School: _____ Teacher: _____ Grade: _____

RACE/Ethnicity: Please check all that apply for your child.

- Hispanic (of any race) American Indian/Alaskan Native Asian Black/African American Native Hawaiian /Pacific Islander White Other

Does your child get free or reduced price meals at school? (Please check) YES NO Don't know/ remember

HEALTH HISTORY

Has your child ever had any serious health problems? (Please check) YES NO

If YES, please explain _____

Does your child have any allergies? (Please check and list if YES)

Acrylic/plastics YES NO Other allergies YES NO List _____

SIGNATURE of Parent or Guardian _____ DATE _____

Did you receive a paper copy of the Notice of Privacy Practices, also on www.ccbh.net? Yes No