

Project Saving Smiles iji

8000 North Stadium Drive #26 Houston, TX 77054-1823 832-395-0054

HOUSTON HEALTH
DEPARTMENT

STUDENT INVITATION TO PROJECT SAVING SMILES

No Cost Dental Screening, Sealants, Fluoride Varnish, and Oral Health Education for Middle School and High School

Attention Parent/Legal Guardian!

Your child's teeth are important and can last a lifetime. Keeping your child's teeth clean is very important in preventing cavities, bad breath, and tooth loss due to cavities. Teeth allow us to chew healthy and crunchy vegetables and fruits. Children do well in school when they do not have problems with their teeth. Healthy teeth make for picture-perfect smiles!

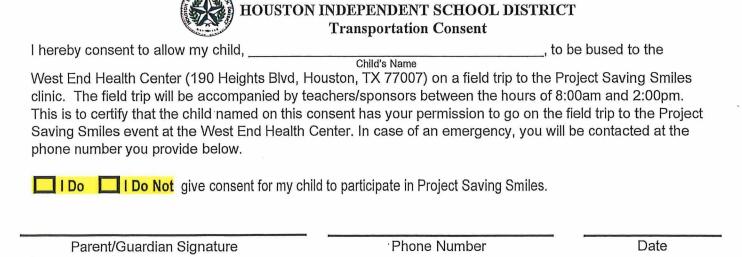
Your child's school has been selected to participate in **Project Saving Smiles (PSS)**. This project provides **Dental Screening, Sealants, Fluoride Varnish, and Oral Health Education at no cost** for **Middle School and High School age students**. The Houston Health Department (HHD) and its partners will carry out this project. After the screening, a written report will be provided for your child to take home.

Fluoride varnish is a protective coating painted on the teeth to help prevent new cavities and to stop cavities that have already started. Dental sealants are thin coatings applied to the chewing surface of the back teeth to prevent cavities. Sealants fill in the deep pits and grooves where food and plaque (bacteria) accumulate. Sealants, in time, may need to be reapplied to remain protective to the teeth. Your child's sealants may be checked after one year to make sure they are still on the teeth. If needed, new sealants will be placed, and another application of fluoride varnish will be applied. No shots or anesthesia is needed for the application.

Only students with a completed and signed parental consent form will be eligible to participate in the project. If you have any questions or concerns, please contact your child's **school nurse**.

The HHD and its PSS partners look forward to serving your child as we work together to improve the oral health of Houston's children.

Parent/Guardian Must Complete the HISD Transportation Consent Below





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SCHOOL:

HOUSTON HEALTH DEPARTMENT

PARENTAL CONSENT FORM

No Cost Dental Screenings, Sealants, Fluoride Varnish, and Oral Health Education

Complete the information below in black or blue ink only and sign t	he Genera	l Consent State	ment for your c	hild to participate.	
STUDENT'S NAME	□mali	E □ FEMALE	AGE	DATE OF BIRTH (MM/DD/YYYY)	
ADDRESS	APT.#	ZIP CODE	TELEPH	ONE NUMBER	
PARENT/LEGAL GUARDIAN NAME		TEACHER			
ild's Ethnicity: ☐White ☐Black ☐Hispanic ☐Asian ☐American Indian or Alaska Native ☐Other					
Please complete the insurance information below (Please Detail). Y Medicaid (DQMCNA) Private Insurance Is your child, or a member of your family, enrolled in WIC?		CHIP No Insurance WIC			
My child is allergic to: NONE Allergies:					
My child is taking (list medications):					
My child has the following medical problem(s): ☐NONE ☐ Heart surgery or murmur ☐ Asthma ☐ Epilepsy ☐ Diabetes					
Other (please describe)					
☐Behavioral considerations (please describe)					
Number of Members in Household: \Box 1 \Box 2 \Box 3 \Box 4 \Box 5 \Box 6 \Box 7 \Box 8 \Box 9 or more					
Annual Income of Household: \$0 - \$23,000 \$3 \$48,001 - \$56,000 \$56,001 - \$64,000	\$23,001 - \$ \$64,001 - \$		32,001 - \$40,0 72,001 - \$80,0		
I agree to have my child or my child's teeth photographed for educational and/or promotional purposes. ☐Yes ☐No					
If we need to contact you by phone or note, what is your preferred language? □English □Spanish □Other:					
I understand an informed consent is required before the services of dental screening, fluoride varnish and, if eligible, preventive dental states or to dental materials used to screen, to place dental sealar performed as preventive measures and <u>do not</u> eliminate the need for accompanying my child to the screening, I authorize the school nutritis activity. I give consent for anonymous information obtained from and access to academic and attendance information. I understand in still there. If needed, new sealants will be placed free of charge a insurance benefits to be paid directly to the medical provider and authorized for this claim. Additionally, I understand I am free to withdrean otification to the school nurse. Otherwise, this consent will remain in	an be prove ealants. It is not to recutine de rise or an atthis programy child's sand another orize the may my cons	anderstand an all apply fluoride sental examination appropriate schound to be used to sealants may be a polication of nedical provider sent to the above	lergic reaction varnish. I unden and periodic of representation in the checked withing fluoride varnisor Insurance Contential service	may occur if my child is allergic to erstand these dental services are x-rays by a dentist. Since I am not we as the accompanying adult for the oral health of the community, in two years to make sure they are sh will be applied. I authorize my company to release any information as at any time by submitting written ure.	
Parent/Legal Guardian Signature		Date			

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the City of Houston collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the city agency to correct any information that is determined to be incorrect. For further information, contact Ms. Carol Smith, Privacy Officer, Houston Health Department at Carol.Smith@houstontx.gov.