



**School Based  
Dental Prevention Program**

*Keeping your child's smile healthy!*

**Dental preventive services available to your child for **FREE!****

**Education, screening, sealants, fluoride varnish and silver diamine fluoride (SDF)**



**Complete the back of this form** to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

More information at: [www.knoxcounty.org/health/schooldentalprogram/](http://www.knoxcounty.org/health/schooldentalprogram/)

**SEALANTS**

**Tooth Decay: The Problem**

- > Tooth decay is the single most common chronic childhood disease.
- > About 1 of 5 (20%) children ages 5 to 11 have at least one untreated decayed tooth.

**Dental Sealants: The Solution**

- > Dental sealants are thin plastic coatings applied to the grooves on the chewing surfaces of the back teeth.

**Prevention vs. Treatment**

- > Prevention - Sealants are a short and easy process. The chewing surfaces of teeth are cleaned; sealants are painted into the grooves of chewing surfaces; the sealant is bonded to the tooth.

Getting sealants is as easy as brushing your teeth, and painless too!



**My child has already had sealants and sees a dentist regularly, should they participate?**

**YES!**

Sealants can last for many years but if your child's sealants come off, we can replace them on all permanent back teeth as needed for **FREE!**

**PREVENTION VS. TREATMENT**



Sealants, free and at your school



Treatment, a costly trip to the dentist

**SILVER DIAMINE FLUORIDE (SDF)**

If your child is identified as having tooth decay, we would like to provide up to two applications of silver diamine fluoride, to control the tooth decay and prevent the cavity from getting worse.

Silver diamine fluoride is a liquid placed on a cavity that kills bacteria and strengthens that part of the tooth. It will harden the cavity to keep it from getting bigger and may help with any pain related to the cavity. Using the SDF allows time for treatment to occur, without the cavity growing. The Knox County Health Department's School Based Dental Prevention Program will be offering this service at your child's school at **NO cost!**

**BENEFITS OF USING SDF**

- Stops cavities from getting bigger
- NO shots or drills
- May stop teeth from hurting
- Provided at NO cost

**WHAT TO EXPECT**

- SDF **will** change the color of the cavity from brown to black, but will **not** stain parts of the tooth that are **not** decayed.
- SDF **will** stop the cavities from getting bigger.
- SDF gives time for dentists to fix your child's teeth.
- If SDF touches your child's skin, you **will** see a small color change that will change back in 2-3 days.

**The procedure:**

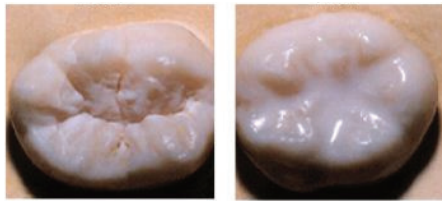
- Dry teeth
- Place a small amount of SDF (a liquid) on the affected area of the teeth
- Wait approximately one minute to give SDF time to dry

**Possible risks to SDF include, but are not limited to the following:**

- The cavity will permanently turn **black**.
- Your child needs additional treatment with a dentist.
- When placing SDF on a filled tooth that has decay, the decay will become darker.
- There may be a metallic taste in the mouth however, this will quickly go away.

**Treatment with silver diamine fluoride may not prevent the need for additional dental treatment. There is a possibility the SDF treatment may not stop the decay and no guarantee of success is granted or implied.**

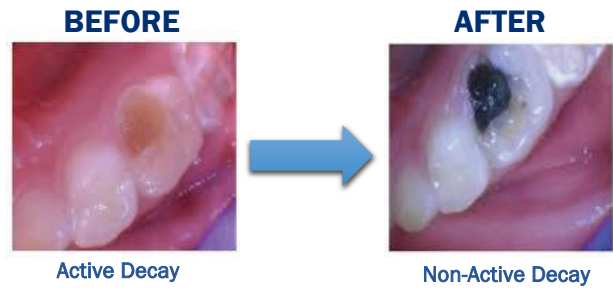
## SEALANTS



Unprotected  
No Sealant

Protected  
After Sealant

## SILVER DIAMINE FLUORIDE (SDF)



**COMPLETE  
USING INK**



**Complete this form** to help your child have healthy teeth! **ALL** children are eligible who return this completed consent form. No child is turned away. Services are **FREE!**

A referral note will be sent home after the visit explaining services provided and information to help find a dental home, if needed.

Child's Name: \_\_\_\_\_  
First Middle Last Sex Birth Date Age

Home Address: \_\_\_\_\_  
Street City State Zip Code

Best Number to Reach You Name of School Grade Teacher

Race (Please check all that apply):  White  Black/African American  Asian  American Indian/Alaska Native  
 Hispanic  Native Hawaiian/Pacific Islander  Other

\_\_\_\_\_  
Child's Social Security Number (Optional)

Does your child have TennCare?  Yes  No

### **Parent/Guardian: Please Complete the Student Health History Below**

Does your child have allergies to medication or metals?  Yes  No

If yes, what? \_\_\_\_\_

Is there anything else we should know about the health of your child, including behavior problems?  Yes  No

If yes, what? \_\_\_\_\_

I give consent for my child to participate in the sealant, fluoride varnish, and silver diamine fluoride programs provided by the school-based dental preventative program. To the best of my knowledge, the medical history questions have been answered accurately. I have been given a copy of the health department's notice of privacy practices, or it is available to me through the school nurse or by calling my local health department.



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

\_\_\_\_\_  
Date

If your child does not have TennCare and you feel they may qualify, please apply online at [www.healthcare.gov](http://www.healthcare.gov) or call 1-800-318-2596.