

Dear Parents/ Guardians,

In partnership with your school, LincolnHealth School-Based Health Centers, and the State of Maine School Oral Health Program, a free fluoride varnish treatment and oral health screening will be offered to Boothbay Region Elementary and High school students. **This will be a one-day clinic on Thursday 4/25.** This program does not take the place of regular check-ups at a dental office and can be in addition to your normal dental routine.

If you would like to have your student receive an oral health screening and varnish at school, you must have your permission slip completed, and returned to your school nurse or the LincolnHealth school health center **no later than Tuesday 4/23/24.**

- This form must be filled out completely or the student will not be able to participate in this program, **you may also complete this form electronically using QR code below:**



- Fluoride varnish and the screening are offered **FREE** to students 18 and under
- For more information on fluoride visit this website:
<https://www.maine.gov/dhhs/mecdc/population-health/odh/fluoride-varnish.shtml>
- Students will receive an oral health report card from the healthcare professional and a **FREE** oral hygiene kit that includes a toothbrush, toothpaste, and floss after each screening.



For questions about oral health services being offered at your school, or support finding a dentist in the community, call the LincolnHealth School-Based Health Center at **207-633-1934** or email us at LincolnHealthSchoolClinics@MaineHealth.org

School _____ Teacher _____ Grade _____



Maine Center for Disease Control & Prevention
A Division of the Maine Department of Health and Human Services

School Oral Health Program (SOHP)



With your permission, a health professional will provide a free oral health screening and apply a fluoride varnish treatment to help strengthen teeth, twice during the school year.

The American Academy of Pediatrics (AAP), American Dental Association (ADA) and United States Preventive Services Task Force (USPSTF) recommend fluoride varnish treatments 2-4 times per year or every 3-6 months. This program does not take the place of regular check-ups at a dental office.

Please complete the entire form, as all information is required, and return to your school health office if you consent to oral health services:

- ☐ Yes, I want my child to get a dental screening and fluoride treatment at school.
- ☐ No, I do not want my child to get a dental screening or fluoride treatment at school.

Student's Name _____ **Birth Date** ____/____/____

Preferred Name (If Different from Above) _____

Student's Sex Assigned at Birth: ☐ Male ☐ Female **Preferred Pronouns** ☐ She/her ☐ He/him ☐ They/them

Dentist's Name _____

Parent/Guardian Name (Please Print) _____

Daytime Phone _____ **Parent's Email Address** _____

Home Address _____

Parent/Guardian Signature _____ **Date** _____

A report will be sent home with your student after the oral health services are performed which many include *intraoral photographs* of teeth with concerns (no x-rays will be taken)

1. When was the last time your child went to the dentist?

- ☐ In the past year ☐ More than one year ago ☐ Never

2. Does your child have?

- ☐ MaineCare (Medicaid) ☐ Dental Insurance ☐ No Dental Insurance

Please Provide the MaineCare ID# _____

(This information is used for billing purposes with certain outside organizations)

3. List your child's health problems or allergies: _____

If you have any questions regarding this form, please contact your child's school health office at **207-633-1934** or email **SOHP@MCD.ORG**

This program receives funding from Maine Center for Disease Control & Prevention