



# Best Dental Help

Educate, Brush, Floss, Fluoride, Seal, Refer

Your child's school has included an Oral Health Education program this year. If you would like your child to participate, please fill out the consent form and return to the teacher or school staff. I would like to share information about the services that can be provided.

- Dental Screening, this is not a dental exam but a review of the teeth/mouth to determine how healthy your child's teeth are.
- Oral Hygiene Instruction, brushing/flossing demonstration and lessons. We also discuss nutrition and healthy food/drink options.
- Fluoride varnish application, a safe treatment that has proven to strengthen teeth to prevent dental decay.
- An Oral Health Report Card will be sent home with documentation of the services that were performed. There will be information that states how quickly your child should see the dentist. There will be a list of dental offices that will work with your dental plan.
- A goodie bag containing oral health items and a surprise.

In addition to the services above, Darrington Elementary will offer dental treatments that can include:

- Dental Cleaning, (child prophylaxis) with flossing.
- Dental Sealants, a plastic coating placed on the chewing surfaces of teeth.

If your child is not covered by dental insurance, there may be local donations to help.

Please call/text or email for more information

[Leslie@BestDentalHelp.org](mailto:Leslie@BestDentalHelp.org)

360-774-9270

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**DUE DATE: Thursday, Sept 21, 2023**

Best Dental Help, a nonprofit organization, is offering preventive dental services at your child's school. These services are proven to PREVENT CAVITIES. They include a dental screening, fluoride treatments, cleanings, sealants and dental referral list. They will be provided at school by a licensed dentist or a licensed dental hygienist. They do not replace a comprehensive exam by a dentist, still recommended twice a year. If you would like your child to receive these services, please complete this consent form, check "Yes," sign, fill out information then return it to your child's school by the due date above

**YES**, my child has my permission to receive a dental screening, cleaning, sealants, fluoride varnish and referral as needed.

Parent Printed name \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**NO**, my child receives dental care elsewhere.

Student name \_\_\_\_\_

Student date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent signature \_\_\_\_\_

Teacher name \_\_\_\_\_

**STOP**, no need to fill out the rest of the form.

Child's First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Child's Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male Female Language(s) \_\_\_\_\_

School: Darrington Sept 25<sup>th</sup>-29<sup>th</sup>, 2023 Teacher and grade: \_\_\_\_\_ Room Number \_\_\_\_\_

Parent Phone: \_\_\_\_\_ work/cell \_\_\_\_\_ Parent Email: \_\_\_\_\_

**Health history** (Please circle yes or no)

Does your child have any allergies? If yes, please list. \_\_\_\_\_ YES NO

Does your child have any serious health problems? If yes, please explain. \_\_\_\_\_ YES NO

My child has a dentist Yes No if yes, name of dentist \_\_\_\_\_

Last dental visit: (Please circle) Less than six months Less than a year More than a year Never

Concerns about my child's teeth or anything you would like us to know before we treat him/her:

Treatment can be provided at no cost to you by providing the following information. Please list your child's Medicaid/Apple Health/DSHS card number for billing purposes:

\_\_\_\_\_ WA

AND/OR Private Dental Insurance information:

Insurance name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Subscriber's name \_\_\_\_\_ Subscribers Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Subscriber ID number \_\_\_\_\_

Group number \_\_\_\_\_

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