Minnesota School Sealant Program



Parents or Guardians,

Your school will be hosting the Minnesota School Sealant Program, where your child has the opportunity to receive **FREE** or reduced cost preventive dental services at school. A licensed dental professional will be offering sealants, cleanings, fluoride varnishes, and x-rays to students.

The School Sealant Day will be on: Friday, January 8th for grades PreK-12.

In order to be eligible to receive these services, you need to fill out this consent form with your child's information and return it to school.

The consent form is due by: Friday, December 11th.

If you have any kind of dental insurance, these services are completely FREE to you. We submit the procedures to your insurance and donate whatever portion they do not cover. If you do not have dental insurance, your child can receive these services at 70% off the usual rates.

Dental services are often provided in a public health setting due to the amazing benefits they provide at a low cost. Your child will be kept comfortable throughout these easy preventive dental services. The entire process takes less than 15 minutes. They even get to see the tooth fairy that travels with our program!

Your student is encouraged to participate in this annual program every year. If we saw your student last year, this will allow us to provide a cleaning and fluoride varnish which we recommended once every 6 months for kids. Sealants only need to be placed once for each adult molar tooth. If there is a new adult tooth erupted that needs a sealant, it will be placed. Please check all three boxes on the consent form for optimal oral health.

If you are able, we prefer that you fill out the consent form online at **www.schoolsealants.com/consentform** This helps us process things quicker and more efficiently so we can help serve more students in our state that need these services. Otherwise, please complete this paper consent form today and return it to school to make sure your child will be able to benefit from this great program.

Please note that we are only at schools for a limited time and have many children to help. Checking the boxes on the following page authorizes us to perform those services, but **DOES NOT GUARANTEE** they will be completed. We provide services as time allows. We will only submit the services that we are able to complete to your insurance. These procedures may affect your insurance frequency limitations so ensure that you **let your dentist know** what procedures you had done and the date. This will ensure that they provide the appropriate services and do not duplicate procedures that may not be covered under your insurance contracts.

Please allow the MN School Sealant Program 2-6 weeks for processing all the paperwork after the program is complete. We will send you an email in 2-6 weeks with the results of your student's oral health screening, what procedures were completed and recommendations for follow up care with a dentist. If you want more information about this program, please visit www.schoolsealants.com.

School Dental Program Consent Form

Child's Information

Child's First Name _____
Child's Last Name _____
Child's Birthdate _____
School _____
Teacher _____
Grade _____
Time since child last saw a dentist _____

Parent/Guardian Contact Info

Parent/Guardian Name _____
Phone Number _____
Email _____
Home Address _____
Address Line 2 _____
City _____ State _____ Zip _____

☐ My child has a known allergy to methyl acrylate and cannot have sealants

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I approve the following dental treatments for my child:

☐ **Sealants** - the best way to prevent cavities in the grooves of the back teeth
*Up to four sealants may be placed on erupted permanent molars that do not already have sealants

☐ **Fluoride Varnish** - a boost of reinforcement for helping protect the teeth

☐ **Cleaning** - helping the teeth stay clean and shiny white

☐ **X-Ray** - 4 periapical films will be taken to screen for decay on primary molars. Your child can still receive bite wings at their regular dental visit.

Parent/Guardian Signature _____ Date _____

Please check only one box

☐ My child has dental insurance. These preventive services are billed to your insurance and are provided at NO COST TO YOU.

Policy Holder's Name _____ Group Number _____
Policy Holder's Birthdate _____ Employer _____
Insurance Carrier Name _____ Insurance Phone # _____
Insurance ID # _____ Insurance Billing Address _____
PMI # _____ City _____ State_____ Zip _____

**This section must be FILLED OUT COMPLETELY for your child to be eligible to receive services. Only completed procedures will be submitted to your insurance for them to pay. Frequencies for cleanings, fluoride, and sealants will be affected with your general dentist.
**You may also attach a scanned copy of the front and back of your insurance card.

☐ My child has no dental insurance. I would like my child to receive the services selected at the rate of $25 per sealant (max of 4), $25 for fluoride and $25 for cleaning.

You save 70% off the regular fees!

Credit Card Number _____
Expiration (MM/YY) _____ CSV (3 digits) _____

*We require a credit card on file to be able to provide services at schools. No other payment methods are accepted at this time. We will only charge your card after services are completed. Max charge would be $150 if four sealants, varnish, and a cleaning are done (a $500 value).