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# School-Based Preventive Dental Care

Information sheet for parents





# School-Based Preventive Dental Care

Dear parents,

Your child is eligible for school-based preventive dental care to improve his/her dental health. The service is provided by the public health dental hygienist affiliated with your child's school.

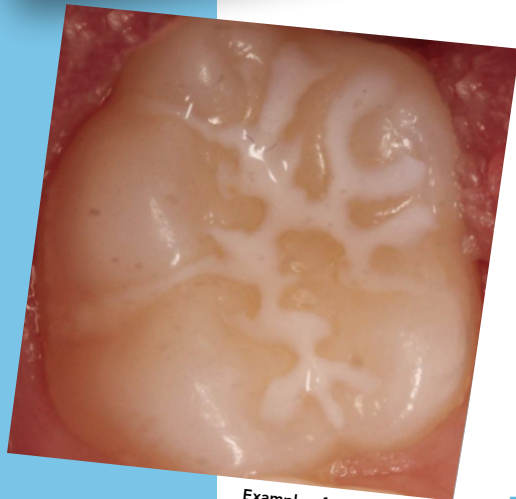
## What is school-based preventive dental care?

School-based preventive dental care:

- includes various services offered from kindergarten to grade 2;
- is provided during class time and takes about 30 minutes;
- is free.

## What services are offered?

The public health dental hygienist will see eligible children individually once to three times a year based on available resources and the child's needs.



Example of a dental sealant

During these appointments, the dental hygienist:

- will assess the child's dental health;
- will report to parents any dental problems and if there is a need to consult a dentist;
- will encourage the child to improve his/her dental hygiene (e.g., brushing with fluoride toothpaste and flossing);
- will discuss healthy eating habits with the child (e.g., foods that are good for his/her teeth and health);
- will apply fluoride to strengthen the tooth enamel;
- may apply dental sealant.

## What is dental sealant?

Dental sealant is a plastic-like material. A thin coating is applied on the grooved surfaces of adult molars to reduce the risk of tooth decay. Adult molars are the large teeth at the back of the mouth. These teeth are considered to be at high risk of decay because it is harder for a child to reach them when brushing his/her teeth.

The public health dental hygienist may also apply sealant on other teeth at high risk of decay.

Sealant application is a simple procedure, has no side effects and is done in a single sitting in less than an hour.

## When should dental sealant be applied?

It's best to apply dental sealant as soon as the first adult molars (large teeth at the back of the mouth) have come in. The first adult molars usually appear between the ages of 5 and 8.

## Will the quality of the sealant applied be assessed?

The public health dental hygienist may see the child again one to two years after application to assess the quality of the sealant and reseal the teeth if necessary. Resealing involves replacing the sealant or adding more sealant.

## Will the information collected be kept confidential?

Yes. All the information collected will be kept confidential at the institution where the public health dental hygienist works. The information may be used to assess and improve school-based dental services.

## Can I refuse to allow my child to participate in preventive dental care?

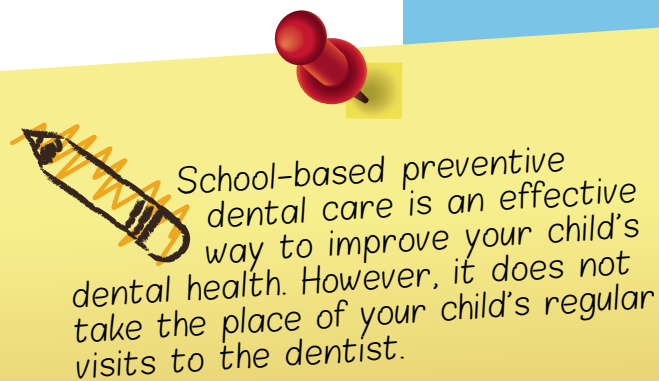
You are free to agree or refuse to allow your child to participate in preventive dental care at school.

**To let us know what you decide, you must:**

- **complete and sign the enclosed consent or refusal form;**
- **return the completed, signed form to your child's teacher within the next three days.**

**If you agree:**

- you will be told which services your child received at each of his/her appointments with the public health dental hygienist;
- you may withdraw your child from preventive dental care at any time by notifying the public health dental hygienist using the contact information provided in the enclosed information letter.



School-based preventive dental care is an effective way to improve your child's dental health. However, it does not take the place of your child's regular visits to the dentist.



User's name	Record no.
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**MEDICAL QUESTIONNAIRE**  
**Complete all the sections**

1. Has your child consulted a doctor in the last year?  Yes  No  
 If so, why? \_\_\_\_\_

2. Is your child taking any medications at the moment?  Yes  No  
 If so, which medications? \_\_\_\_\_

3. Does your child have or has he/she ever had:

- Heart problems?  Yes  No
- Bleeding problems (hemophilia, prolonged bleeding)?  Yes  No
- Diabetes?  Yes  No
- Epilepsy?  Yes  No
- Asthma?  Yes  No
- Other illnesses?  Yes  No

Specify: \_\_\_\_\_

4. Is your child allergic to:

- Foods?  Yes  No  
 If so, which foods? \_\_\_\_\_
- Rosin (adhesive dressings, scotch tape)?  Yes  No
- Latex?  Yes  No
- Acrylic?  Yes  No
- Food colouring?  Yes  No
- Anything else?  Yes  No

Specify: \_\_\_\_\_

**If your child's medical condition changes, please inform the public health dental hygienist.**

X \_\_\_\_\_ Date 

Year	Month	Day

  
 Parent's or guardian's signature

