



For office use only	
Date	_____
Location	_____
Record #	_____

**Southern Nevada Health District and Nevada Oral Health Program  
2018 Child Consent Form**

Please answer all of the following questions for the person being seen - one form for each person.

- Name (print) \_\_\_\_\_ 2. Age \_\_\_\_\_ 3. Gender  Male  Female
- County your child lives in \_\_\_\_\_ 5. Zip code your child lives in \_\_\_\_\_
- Your child's dentist \_\_\_\_\_  Don't remember  None
- Does your child have any of the following: (For each question circle "Y" for yes and "N" for no)
  - Y N Asthma Y N Take fluoride tablets or drops at home
  - Y N Allergy to pine nuts or colophony Y N Taking any medication (list) \_\_\_\_\_
  - Y N Any other allergies (list) \_\_\_\_\_ Y N Any medical condition (list) \_\_\_\_\_
  - Y N Has had a fluoride varnish treatment within the last three months

**Parental Consent for Services -- CHILD**

Please read the back of this form for important information.

- Yes, I give consent for my child to have a dental screening. I understand that this screening does not replace a full dental exam, and that my child should still go to a dentist.
- I understand that results of this individual screening may be shared with the Nevada Department of Health and Human Services, Medicaid, Southern Nevada Health District, and/or with dental providers for my child. Any reports will be about groups and not individuals.
- I have read, understand, and agree to the information on the back of this form.
- I give consent for my child to have a  fluoride varnish application  dental sealants.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

## Important information about Oral Health Services

*Patient information collected during the SNHD mobile clinic trips will be kept confidential. Patient records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. Case management will be provided for patients identified as in need of dental treatment. If and when tele-dentistry is employed, the method of transferring information will be encrypted.*

### Fluoride Varnish

Fluoride varnish helps prevent new cavities, and it can help stop some cavities that have just started. It can also reduce sensitivity in the root surface of the teeth, and make them stronger against decay. Fluoride varnish is painted in a very thin coat on the tooth surfaces with a tiny brush. It is almost colorless, and left on until the morning of the next day, when it is easily removed by thorough brushing with lukewarm water.

Sometimes the fluoride varnish can appear yellow, but it goes away when the fluoride varnish is brushed off. On rare occasions, there can be some swelling in the mouth after fluoride varnish is applied. Occasionally, people with sensitive stomachs may have some nausea. If this occurs, the thin film of fluoride varnish can be removed immediately with a toothbrush and floss, and then by rinsing with and spitting out warm water.

### Dental Sealants

Dental sealants have been widely used for over 30 years, and they are considered a “best practice” in preventive dentistry. They help keep cavity-causing germs from getting into naturally-occurring deep grooves on the chewing surfaces of the back teeth. The sealants do not protect the areas *between* the teeth, so thorough brushing and the use of dental floss in these areas is still necessary.

A mildly acidic solution is painted on the chewing surfaces to prepare the tooth for good sealant adherence. The tooth is rinsed off and dried, and a thin plastic coating is painted over the chewing surface. The plastic material is dried or “cured” with a very small light. There are no “shots” required, and the procedure takes about 15 minutes. Ongoing assessment of the sealants placed should take place during routine dental exams to allow the dentist to repair any sealants if necessary.

Even though care and diligence will be exercised while rendering this treatment, there may be unsuccessful results and/or failure of the sealant. Risks include but are not limited to the following:

The etching solution is somewhat caustic, and if the patient makes any unexpected movement during the application process, a small amount of the solution could attach to the soft tissues of the mouth, which could cause some slight tissue burns. This seldom occurs, but it is a possibility. If the etching solution contacts the root surface, the tooth may develop some temporary sensitivity. A dental sealant may loosen or become dislodged over time. The length of time over which this may happen is uncertain because of many things that can affect it, including but not limited to the following:

- a) Chewing forces may be much greater in one patient than in another. Also, the way teeth come together when chewing may influence the life of the sealants.
- b) Very sticky food, including some types of gum, sticky candies such as caramels, some licorices, very hard substances, etc., can cause loosening or dislodgment of the sealant.
- c) Inadequate oral hygiene such as infrequent or improper brushing of the teeth may allow leakage around and under the sealant, causing it to loosen and allowing decay to develop. Decay may, of course, also develop in any area of the tooth not covered by a dental sealant.

Agreeing to dental sealants means that you have had a chance to ask questions, and that you voluntarily accept any and all possible risk in hopes of achieving the desired results from the treatment rendered, though no guarantees have been made regarding the outcome.

It is the patient's/parent's responsibility to notify us directly if any unexpected problems occur.

### TeleDentistry/Telemedicine

**I understand** that the transmission of any confidential medical information while engaged in telemedicine is subject to all applicable federal and state laws with respect to the protection of and access to confidential medical information. NV Rev. Stat. Ann. § 633.0165.



Site \_\_\_\_\_

Date \_\_\_\_\_

## Southern Nevada Health District and Nevada Oral Health Program 2018 Children's Oral Health Questionnaire

Zip Code where your child lives: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

1. How would you describe the condition of your child's teeth? (check one)
  - a. Excellent
  - b. Good
  - c. Fair
  - d. Poor
  
2. During the past 12 months, has your child had frequent or chronic difficulty with any of the following? (Check all that apply)
  - a. Toothaches (no/yes)
  - b. Bleeding gums (no/yes)
  - c. Decayed teeth or cavities (no/yes)
  
3. About how long has it been since your child last visited (saw) a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (check one)
  - a. 12 months or less
  - b. More than 1 year, but not more than 3 years ago
  - c. More than 3 years ago
  - d. My child has never been to a dentist
  - e. Don't know/don't remember
  
4. What was the main reason your child last visited a dentist? (check one)
  - a. Went in on own for check-up, examination or cleaning
  - b. Was called in by the dentist for check-up, examination or cleaning
  - c. Something was wrong, bothering or hurting
  - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
  - e. Other
  - f. Don't know/don't remember
  
5. During the past 12 months, was there any time when your child NEEDED dental care (including check-ups) but didn't get it because you couldn't afford it? (check one)
  - a. No
  - b. Yes
  - c. Don't know/don't remember
  
6. During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (check one)
  - a. No
  - b. Yes
  - c. Don't know/don't remember

**IF YES:** What were the reasons that your child could not get the dental care she/he needed?

**(Check all that apply)**

- b. Could not afford the cost
  - c. Did not want to spend the money
  - d. Insurance did not cover recommended procedures
  - e. Dental office is too far away
  - f. Dental office is not open at convenient times
  - g. Another dentist recommended not doing it
  - h. Afraid or do not like dentists
  - i. Unable to take time off from work
  - j. Too busy
  - k. I did not think anything serious was wrong/expected dental problems to go away
  - l. Other
  - m. Don't know/don't remember
7. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid.
    - a. No
    - b. Yes
    - c. Don't know/don't remember

Any additional comments on access to dental care for you or your children where you live: \_\_\_\_\_