



This year your child has an opportunity to once again participate in the **Caring for Kids** school-based cavity prevention program through Community Health Connections Family Health Centers.

WHO IS ELIGIBLE TO PARTICIPATE?

- Every school-aged child regardless of insurance status or ability to pay
- Any child that is a Mass Health member
- Any child that **does not** have dental insurance
- Any child that **does not** have a regular dental provider
- Any child that has dental insurance **yet** has circumstances preventing access to dental care

WHAT IS THE COST?

The Caring for Kids dental program is free. **There is no direct cost to the patient. If the child has insurance- the insurance will be billed.**

PURPOSE

The Caring for Kids cavity prevention program will provide the following services in your child's school:

- **A dental examination:** To check the teeth, mouth, and gums (up to 2 times in the school year)
- **X-rays:** To check for cavities in between the teeth, to check infections on the root (as needed)
- **Fluoride treatment:** Painted on the teeth to protect from cavities (up to 3 times in the school year)
- **Sealants:** Placed on the chewing surface of the teeth to prevent cavities (as needed)
- **Dental Education:** To teach children how to take care of their teeth
- **Teeth Cleaning:** To remove plaque (up to 2 times in the school year)
- **Silver Diamine Fluoride (SDF):** To stop cavities from forming, growing or spreading to other teeth (as needed)
- **SMART Restorations:** To remove/ treat decay and seal tooth/teeth with a protective coating

Your Responsibilities

The care received in this program is only preventive. Preventive care does not substitute or replace dental care. If your child needs further dental treatment, this will be your responsibility. We will help you find a local dentist to get an appointment if you need help getting dental care for your child.

Silver Diamine Fluoride (SDF)- A new dental treatment to fight cavities

Dental cavities are very common in children, but now our in-school dentists have a safe, painless alternative to traditional cavity drilling procedures called silver diamine fluoride (SDF). SDF is an FDA-approved antibiotic liquid used to help prevent cavities from forming, growing, or spreading to other teeth. It is simply brushed on the tooth.

About SDF

- The in-school dentist will use SDF on back teeth only
- It's normal for SDF to stain the cavity brown or black
- The brown/black color means the SDF is working
- The healthy parts of the tooth will not be stained
- SDF treatment may not eliminate the need for a traditional filling
- SDF can temporarily stain nearby areas in the mouth
- The stain causes no harm and should disappear on its own within a few days to a couple of weeks
- SDF may cause a temporary metallic taste



- ❖ **If your child needs a dentist, we will help you find a local dentist and get an appointment for care.**
- ❖ **If you would like a copy of your Notice of Privacy, please visit our website @ chcfhc.org**

Questions: If you want any further information about this program or have any questions please contact **Caring for Kids 978-878-8370.**

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PLEASE KEEP THIS PAGE FOR YOURSELF AND SEND IN THE INFORMATION FORM TO YOUR CHILD'S SCHOOL

Fitchburg Health Center
326 Nichols Road
Fitchburg, MA 01420

Gardner Health Center
175 Connors Street
Gardner, MA 01440

Leominster Health Center
14 Manning Avenue
Leominster, MA 01453

ACTION Health Center
130 Water Street
Fitchburg, MA 01420



- YES** I give my permission for my child to participate in the **Caring for Kids Dental Program**.
I understand that my child may receive the following as part of the program: dental exam (up to 2X in school year), fluoride varnish (up to 3x in school year), dental cleaning (up to 2X in school year) and dental sealants (as needed).
- YES** **NO** I give my permission for **X-rays to be taken as needed**
- YES** **NO** I give my permission for **silver diamine fluoride (SDF) and SMART restorations to be done as needed**

School: _____ Grade: _____ Teacher/Homeroom: _____

CHILD INFORMATION (PLEASE PRINT):

Child's Last Name: _____ First Name: _____ Birthdate: _____

Male Female Other Parent's Name: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Parent's Daytime Phone #: _____ Parent's Email: _____

What language does your child speak best? _____ What language does parent speak best? _____

What is your child's race? Asian Black/ African American Native Hawaiian Pacific Islander White
 American Indian/ Native American/ Alaska Native Other: _____

What is your child's ethnicity? Hispanic/Latino Not Hispanic/Latino

What is your child's current housing status: Own or Rent Doubled Up Transitional Housing Homeless shelter
 Street (living in a private or public place not usually used for sleeping - ex: car, park, abandoned building or bus/train station)

Is your child's housing status: Section 8 Public Housing Not Public Housing

HEALTH INFORMATION (PLEASE PRINT):

Is your child taking any medications? No Yes (please list): _____

Does your child have any allergies? No Yes (please list): _____

Does your child need to take antibiotics before having dental treatment? No Yes*
*If yes, please tell us the reason for pre-med and which antibiotic your child takes: _____

Has your child EVER had an illness or condition? No Yes - please check all that apply:

ADD/ADHD Anemia Asthma Diabetes Epilepsy/Seizures Heart Condition: _____

Hepatitis HIV/AIDS Kidney/Liver Disease Rheumatic Fever TB Other: _____

Does your child have a dentist? No Yes - Last visit: _____

Does your child have Dental Insurance? No Yes - Please complete below:

Dental Insurance Company Name: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

ID #: _____ Group Policy #: _____

Employer's Name: _____

I understand that Caring for Kids may use my child's information for treatment, payment and healthcare operations. I have been offered a copy of the Notice of Privacy Practices. I have read and understand the dental program and services and I consent to have my child participate in the program. I authorize Caring for Kids to provide a written summary of the services provided to my child and to an official designated by my child's school. I understand that my child may continue to receive services from another provider. If I have dental insurance, I acknowledge that these services may affect my future rights and insurance benefits, and I authorize my insurance carrier to be billed for any services provided.



X _____ Date: _____ Relationship to Child: _____
Parent/Guardian Signature