

School Dental Varnish Program Consent Form



Child's Name: _____



Varnish Date and Place: _____ / _____
School Teacher Date

YES, I would like my child's teeth varnished for free.

NO, I would not like my child's teeth varnished for free.

Please fill out the rest of this form only if you would like your child to receive a dental varnish (print clearly).

I authorize Intermountain Healthcare, Community Health Connect, Utah County Health Department, and any other person associated or assisting them to proceed with administering the fluoride varnish that will help prevent cavities on my child's teeth.

I accept any and all possible risks, including but not confined to temporary inflammation of the gums in extremely rare cases. I have had the opportunity to read information regarding the varnish and have had the opportunity to ask questions. *(If you have more questions, please call (801) 357-7885 and speak with Kye Miner).*

Student Name (first and last): _____ Date of Birth: _____
Month Date Year Grade

Street Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____

Parent/Guardian Signature Relation to Student Date Signed

Ethnicity (Cultural Heritage)

Hispanic/Latino

Non- Hispanic/Latino

Race

African American (black)

Asian

Pacific Islander

Native American

Caucasian (white)

More than one race

Refuse to report

Fluoride Varnish Education

Did the attached information sheet on fluoride varnish influence the decision to have your child participate?

YES

NO

Do you have Dental Insurance?

YES

NO

OFFICE USE ONLY!

Teeth have been varnished

Level 1

- Few visible surface lesions or sticks with no pulpal involvement
- No multiple surface lesions
- No pain or infection

Level 2

- Several caries
- No indication of pulpal involvement
- Possible multiple surface restorations
- No pain or infection

Level 3

- Obvious large carious lesions
- Pulpal involvement likely
- Possible extraction necessary
- One or more teeth symptomatic
- Possible infection present

