



Dear Family,

Grand Beginnings, in partnership with local dentists, dental hygienists and nurses, would like to offer a chance for your child to participate in a **free** oral screening and application of fluoride varnish to their teeth by oral health professionals.

I give permission to have a trained professional look in my child's mouth. Yes No

I give permission for my child to receive a free fluoride application. Yes No

Date of last fluoride application: _____ (can be done every 6 months)

Does your child have an allergy to fluoride varnish? YES NO Comment: _____

Cavity Risk Assessment

- Children who sleep with a bottle have a higher risk for cavities.
- Sugared beverages increase the risk for cavities.
- Fluoridated water helps prevent cavities (Only Silvercreek, Granby, and Walden are fluoridated to CDC recommended levels in Grand and Jackson Counties).
- Brushing twice a day helps prevent cavities.
- Have you or your child missed work / school because of dental problems? HOW MANY DAYS? _____

Please Complete:

Child's Name (Print) _____ Date of Birth _____

Parent's Name (Print) _____ Parent's Signature _____

Phone Number _____ Date _____

For Office Use Only

Findings / Referrals / Follow up

Education Exam Fluoride Cavity Ref Other / Ortho