



Parent/Guardian Notification: Dental Screenings

The Flint Hills Community Health Center will be providing free dental screenings at USD #368 schools on March 6 & 7, 2019. To comply with Kansas State Statute 72-5201, school children (K-12) should receive annual school-based dental screenings.

KDHE screenings identify the presence of decay, previous dental experience (fillings and/or sealants), infection, swelling, and pain. Parents are notified of the screening results, and those with dental treatment needs are referred to local dentists for care. School screenings are not a substitute for an examination by a dental professional, and it is recommended that all children have a dental home that provides regular, comprehensive dental care.

To participate in the screening, no action is required. If you would like your child to receive a fluoride varnish (in addition to the screening), please complete the top portion of the attached form. If you would like to opt your child out of the screening, please complete the bottom portion of the attached form. All students will be screened unless opted out.

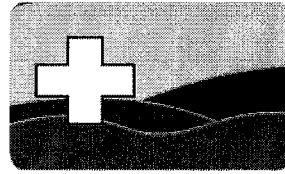
****If your child sees a dentist regularly and received fluoride applications, please do not sign them up for additional applications. Most dental insurances only cover a certain number of applications per year, and we do not want that to affect how they will cover your child at their regular dental visit.**

Remember, that this is only a screening. Even if your child does see a dentist regularly, I would encourage them to go through the screening as well. It is completely up to you, though.

Each child will be screened unless opted out ahead of time by a parent signature.

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Fluoride Consent



FLINT HILLS
COMMUNITY HEALTH CENTER
YOUR HEALTH + MORE

Student Information (required)

Chart # _____

Grade _____ Teacher _____ School _____

DOB ____/____/____ Age ____ Gender Male Female Phone # _____

Student Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Relation to Student _____

Name of child's dental home and date of last visit
_____ / ____ / ____

Race/Ethnicity (check all that apply)
<input type="checkbox"/> White
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiiin/Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Other

If you have KanCare or private dental insurance, FHCHC will directly bill to your insurance provider for services completed. If you do not have insurance, there is no charge to you. There will be no out-of-pocket cost to you at the time of service nor will you be billed by FHCHC at anytime for school-based activities.

Insurance Information (required)	Please fill out the following information about your CHILD:			
<input type="checkbox"/> Sunflower	<input type="checkbox"/> Amerigroup	<input type="checkbox"/> United Health Care	<input type="checkbox"/> Private	<input type="checkbox"/> None
Name of subscriber (individual who carries the insurance) _____				
Name of dental insurance company _____			ID # _____	Group # _____
Policy Holder's SS# _____ Policy Holder DOB ____/____/____ Employer _____				

I give permission to Flint Hills Community Health Center to provide screening/fluoride services for my child and to collect payment from Kancare and/or my private insurance company.

This form must be signed in order for your child to receive a fluoride varnish application.

Parent/Guardian

Date

(Please do not detach)

_____ I DO NOT want my child to participate in the free dental screening

Student's Name

Grade/Teacher

Parent/Guardian

Date