



# Consent and Release of Information Marion County Public Health Sealant Program



Child's Name:		Age:	Date of Birth:
Address:		City	Cell Phone: Other Phone:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American	<input type="checkbox"/> Other Ethnicity: <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino
School:	Teacher's Name:		Grade:
Child's Physician:		Child's Dentist:	
If applicable, child's Medicaid ID number:			

- YES**, I give permission for my child to receive a dental screening, fluoride varnish application and sealants.
- NO**, I do not give permission for my child to receive a dental screening, fluoride varnish application and sealants.

**Please answer the following questions:**

- How do you pay for your child's dental care? (please check one)  
 Self     Medicaid/Dental Wellness Plan Kids     Hawki     Private dental insurance     Other
- My child's most recent dental visit was within the past: (please check one)  
 6 months     1 year     3 years     5 years     has never seen a dentist     Unknown
- Is your child eligible for the free/reduced lunch program at school?     Yes     No  No
- Does your child have a source of medical care?     Yes     No     Unknown
- Does your child have medical insurance?     Yes     No     Unknown
- My child's most recent medical visit for a well-child/adolescent exam was within the past:  
 3 months     6 months     12 months     more than 1 year     Unknown
- Are your child's immunizations up to date?     Yes     No    Explain: \_\_\_\_\_
- Is your child currently taking any medications?     Yes     No    Explain: \_\_\_\_\_
- Does your child have any allergies?     Yes     No    Explain: \_\_\_\_\_
- List any concerns you have about your child's mouth or teeth: \_\_\_\_\_

I consent to Marion County Public Health use of email and texting to send me scheduling and child health services information.

Yes     No    Email address: \_\_\_\_\_

- I was offered a Notice of Privacy Practices. [www.marionph.org](http://www.marionph.org)
- I understand that this consent for services is valid for one (1) year unless withdrawn in writing by parent, guardian or client (if of legal age).
- I understand that the services that will be received do not take the place of regular dental checkups at a dental office.
- I understand that these services are provided under the Iowa Department of Public Health, Maternal and Child & Adolescent Health Program.
- I understand records created and maintained as part of this program are the property of the Iowa Department of Public Health.
- I understand that the information from these records may be shared with the Iowa Department of Public Health and its agents and Title V contractors, Iowa Medicaid Enterprise, or designee for audit and quality improvement purposes or other legally authorized purposes.

\_\_\_\_\_  
Parent/Guardian Signature Date

I voluntarily authorize Marion County Public Health to release, obtain, or exchange information manually and/or via an electronic platform maintained by TAVHealth with the following Title V MCAH agencies, Physicians, Dentists, School staff as needed. This release does not authorize disclosure of material protected by federal and/or state law applicable to substance abuse, mental health and/or AIDS-related information.

\_\_\_\_\_  
Parent/Guardian Signature Date



Dear Parent/Guardian:

The Marion County Public Health I-Smile™ @ School program is offering **no-cost** dental services for children at your school.

The following services may be provided by dental hygienists:

- Dental Screening – a simple look in the mouth to check for cavities.
- Fluoride Varnish – a sticky liquid that coats all teeth to help make them stronger and prevent tooth decay.
- Dental Sealants – a tooth-colored coating that is painted on the back teeth to protect them from food, germs, and acid that cause tooth decay.
- Oral Health Education – lessons to help students learn about healthy teeth and mouths.

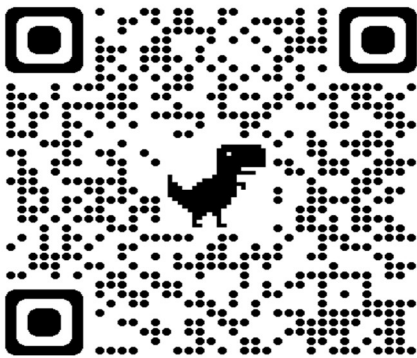
After the services are provided to your child, a letter will be sent home to you with the results. Please note that dental screenings **do not replace regular dental check-ups**. Your child should visit the dentist for a complete exam.

**It is very important that the consent form is returned to the school or completed online to ensure that your child can participate. The consent form must be complete and signed by parent/guardian.**

Please contact me with any questions or concerns.  
Sincerely,

Melissa Woodhouse, RDH  
I-Smile™ Coordinator  
641-828-2238 ext. 3840  
mwoodhouse@marioncountyiowa.gov

**School Year 2021-22**



Scan the QR code for the online  
I-Smile @ School consent form!

**Step 1:** Fill out and return consent to your child's teacher or online using code below.

**Step 2:** Your child will receive a dental screening and fluoride varnish at school and sealants if needed.

**Step 3:** You will receive a letter with the dental screening results and a follow-up call may be provided if concerns are found.