Community Health Connections

We take great care of you!

Caring for Kids - School Dental Program

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

The Caring for Kids Dental Program is no cost to you!

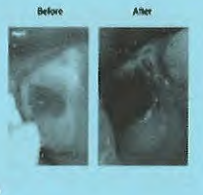
Every school-aged child regardless of insurance status or ability to pay is eligible to participate. There is no cost to the patient. (If the child has insurance- the insurance will be billed.)

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

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

SDF: 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.

- 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.

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. If you would like a copy of your Notice of Privacy, please visit our website www.chcfhc.org

ENROLL NOW

SEND THE Completed INFORMATION FORM Back TO YOUR CHILD'S SCHOOL

If you have questions, call Caring for Kids 978-878-8370.

Downloadable forms in English, Spanish and Portuguese can be found on our website. www.chcfhc.org/caring-for-kids

Los formularios descargables en inglés, español y portugués se pueden encontrar en nuestro sitio web. www.chcfhc.org/caring-for-kids

Formulários para download em inglês, espanhol e português podem ser encontrados em nosso site. www.chcfhc.org/caring-for-kids

Leominster Community Health & Urgent Care Center
Fitchburg Community Health Center I ACTION Community Health & Urgent Care Center, Fitchburg
Greater Gardner Community Health Center
South Gardner Community Health & Urgent Care Center
WWW.CHCFHC.ORG

Rev. 6/2025

Community Health Connections

Caring for Kids Dental Program

☐ ***NO, I am not interested in having my child participate. (Please do not continue or return form to school. Please recycle this form.)***

☐ **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, dental cleaning, fluoride varnish, 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.

PLEASE PRINT

School:_____ **Grade:**_____ **Homeroom Teacher:**_____

Last Name: _____ First Name:_____ Date of Birth:_____

Street Address: _____

City: _____ State: _____ Zip:_____

Parents Name: _____

Parent Email: _____ Parent Cell Phone: _____

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

Sex of Child: ☐ Female ☐ Male ☐ OTHER

What is your child's race? ☐ American Indian/Alaska Native ☐ Asian Indian ☐ Other Asian ☐ Black/African American ☐ Chinese ☐ Filipino ☐ Guamanian or Chamorro ☐ Japanese ☐ Korean ☐ Native Hawaiian ☐ Somoan ☐ Other Pacific Islander ☐ Vietnamese ☐ White ☐ Unreported

What is your child's ethnicity? ☐ Cuban ☐ Mexican,Mexican American/Chicano/a ☐ Puerto Rican ☐ Another Hispanic,Latino/a or Spanish Origin ☐ Not Hispanic,Latino/a or Spanish Origin ☐ Unreported/Refused

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

What is your child's housing status: ☐ Section 8 ☐ Public Housing ☐ Not Public Housing

---

Health History - please complete entire section.

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 any antibiotics before having dental treatment? ☐ NO ☐ YES (please see below)

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 dental insurance? ☐ NO ☐ YES *(please complete below)*

Dental Insurance Company Name: _____

Subscribers Name: _____ Subscribers Date of Birth: _____

ID#:_____ Group Policy # _____ Employer 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.

SIGN HERE

X _____ Date:_____ Relationship to Child: _____

Parent/Guardian Signature