JCHD
Jessamine County Health Department
Protecting the public's health and environment.

Dental Hygiene Program

THIS FORM MUST BE FILLED OUT COMPLETELY FOR YOUR CHILD TO PARTICIPATE

With your **permission**, a public health dental hygienist will provide your child with:

- Dental assessments of the condition of the mouth and teeth
- Fluoride varnish (prevents future cavities on the smooth surfaces of teeth)
- Dental sealants (coatings over the cavity-prone grooved surfaces of back teeth)
- Professional dental cleanings
- Oral Hygiene Instruction including nutritional counseling
- Report Card, including follow up information
- A second visit may be provided if scheduling permits

This program does **NOT** take the place of regular check-ups at a dental office. The preventive dental services are being done by a Public Health Registered Dental Hygienist without the on-site presence of a dentist, according to KRS 313.040. The Dentist Board member for the Jessamine County Health Department, Amanda Eschelbach DMD, is supportive of the standards of practice of the public health hygienists and work s with the Jessamine County Health Department to develop and adopt protocols for these services.

_______**YES,** I **DO WANT** my child to receive **dental assessments, dental cleanings, sealants** and **fluoride varnish.**

_______**NO,** I **DO NOT** want my child to have preventive services at school (if **NO, Fill out Child's Name only).**

Parent/Legal Representative Name (Please Print) ____

Daytime Phone:______________**Cell Phone:**____________________**Email Address:**__________________________

Child's Name:____ (Check one) Male Female

Child's Address:____ **Zip Code:** ___________

Date of Birth: **School**____________________**Teacher**________________**Grade** _____________

What is your child's race: (Check all that apply)

American Indian/Alaskan Native
Asian
Black or African American
Pacific Islander
White

Ethnicity: Hispanic or Latino

Health History:

Please Check if your child has ever had: Heart Murmur Latex Allergy Other allergy _________________________

Asthma Seizures/Epilepsy Diabetes Cancer/Chemotherapy Heart Problems (please explain) _____________

Please list any other medical conditions (past or present) ____

List any current medication your child takes (Please explain)______________________________________

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Dental History:

Does your child have a dentist? (Check one) YES or NO **Dentist's Name**________________________

Is your child experiencing dental pain at this time? (Check one) NO or YES

When was the last time your child went to the dentist?(Check one) **In the past year** **More than 1 year** **Never**

What was the reason for your child's last dental appointment? _

****The following must be completed for your child to receive services****

#1. Does your child have Medicaid? Yes_____ No______

If NO then skip to #2, if YES please provide child's Medicaid ID #

Medicaid ID # __________________ **OR** **Social Security#**_______________

Please select which MCO you belong to with Medicaid:

Aetna ______ **Wellcare**_______ **Passport**______ **Humana Care Source**_______**Anthem**_______

#2 Does your child have private dental insurance? Yes______ No_____

How many Persons are in Household _______ **Yearly Est. Household Income $**

CONSENT FOR HEALTH SERVICES:(Expires 1 year from date signed)

Of my own free will I consent to care which may include, screening, assessments, preventive dental treatment, and any other health service given to me by staff or agents of this health department. I understand that no Guarantees are being made as to the effect of any assessments or treatment on me. I also understand I may be tested for (HIV) infection, Hepatitis B, or any other disease carried by blood or body fluids if a health care worker is exposed to my blood, body fluids or tissue. This program does not take the place of regular check-ups at a dental office. The preventive dental services are being done by a Public Health Registered Dental Hygienist without the on-site presence of a dentist, according to KRS 313.040. The Dentist Board member for Jessamine County, Amanda Eschelbach DMD, is supportive of the standards of practice of the public health hygienists and work with the Jessamine County Health Department to develop and adopt protocols for these services.

This form, when signed and filled in, contains Protected Health information and the information is to be protected according to the health Insurance Portability and Accountability ACT (HIPAA).My signature below acknowledges my receipt of the health department's "***NOTICE OF PRIVACY PRACTICES"*** on the date stated.

I understand that my child may be screened to check the retention of dental sealants by the public health dental hygienist during the following school year

MEDICAID ASSIGNMENT OF BENEFITS: I request that payment of authorized insurance benefits be made to JCHD on my behalf, for services received. I also authorize Jessamine County Health Department to release medical information about me to Insurance and other third party payors to determine payment for services. Medicaid will be billed for preventive services.

Electronic Signature: Please type your First and Last Name. By signing electronically, you agree that this constitutes a legal signature confirming that you acknowledge and warrant you are the person for whom this document is created and the truthfulness of the information provided in this document.

Sign name : Print name:

Signature of Parent/Guardian or other Authorized Person ***- Please sign and then print your name*** *Date*

Please return to your child's classroom teacher or Family Resource Center