



Mississippi Seals: School Based Sealant Program

Please complete this page and return to your child's teacher tomorrow

Your child is eligible to participate in the Mississippi Seals: School-Based Sealant Program.

What is Mississippi Seals?

It's a school health program to place sealants on your child's teeth to help protect from cavities.

No payment is required from you for this program, Medicaid and United Health Care, however, help to cover the cost of the program.

If your child has Medicaid or United Health Care, please check below. Your child does not need insurance to participate.

All services are completed by licensed dental professionals from or near the surrounding community.

This program does not replace a regular visit to the dentist's office.

All activities are simple, painless, and completed at school.

What services are provided to my child in this program?

Dental Screening: A dental professional checks the teeth for cavities.

Application of Dental Sealants (if needed): Sealants cover and protect teeth from cavities. Sealants are a thin, invisible material put on teeth in the back of the mouth (molars).

Application of Fluoride Varnish: This helps prevent teeth from getting new cavities. Fluoride varnish is a mineral brushed onto every tooth to help prevent decay.

Dental sealants will be checked within 1 year.

Yes. I want my child to participate in Mississippi Seals.

No. I don't want my child to participate in Mississippi Seals.

If you would like for your child to participate in Mississippi Seals, please print the below information clearly.

Child's Name: _____ Date of Birth: ____/____/____ Age: ____ years old

Child's Address: _____ City, State: _____ Zip: _____

Name of School: _____ Grade: _____ Teacher's Name: _____

Child's Race / Ethnicity:

White Black/African-American Asian Hispanic American Indian/Alaska Native Native Hawaiian/Pacific Islander Other

Health History

* Does your child have special needs? No Yes If yes, please explain: _____

* Is your child enrolled in Medicaid? No Yes If yes, please provide Medicaid Number: _____

* Is your child enrolled in CHIP? No Yes If yes, please provide CHIP Number: _____

Chronic or Existing Medical Conditions: _____

Current Daily Medications: _____

Known Allergies: _____

Parent/Guardian Name: _____ Phone Number: (____) _____ - _____

Parent/Guardian Signature: _____ Date: ____/____/____