SCHOOL - DENTAL OUTREACH PROGRAM
(2026-2027 Consent Form)

PRAIRIE STAR Health Center
non-profit • FQHC

Your child's school has elected to participate in the Kansas School Sealant Program. Dental Professionals will be offering services such as cleanings, sealants, fluoride varnish, and/or Silver Diamine Fluoride (SDF) *(additional consent form required for SDF treatment).* These services are being offered at no cost to you or the school; however, PrairieStar Health Center will bill all insurance for services.

HIPAA Privacy Practice and Non-discrimination policies can be viewed on your school's website and at www.prairiestarhealth.org.

PATIENT INFORMATION (please print)

SCHOOL NAME	STUDENT GRADE	TEACHER NAME

STUDENT LEGAL NAME	DATE OF BIRTH	☐ MALE ☐ FEMALE

RACE (CHECK ALL THAT APPLY)

☐ WHITE ☐ ASIAN ☐ AMERICAN INDIAN / ALASKAN NATIVE
☐ BLACK / AFRICAN AMERICAN ☐ NATIVE HAWAIIAN ☐ OTHER / PACIFIC ISLANDER

ETHNICITY

☐ HISPANIC / LATINO
☐ NOT HISPANIC / LATINO

PARENT/GUARDIAN **PRINTED** NAME	RELATIONSHIP TO PATIENT		
ADDRESS	CITY	STATE	ZIP
PHONE	ALTERNATE PHONE		

DOES YOUR CHILD HAVE A DENTIST? ☐ YES ☐ NO **IF YES, NAME OF DENTIST:**

WHEN WAS YOUR CHILD'S LAST DENTAL CLEANING? ☐ < 6 MONTHS ☐ 6 MONTHS ☐ 1 YEAR ☐ > 1 YEAR ☐ NEVER

HEALTH HISTORY (select all that apply)

☐ RECENT DENTAL PROBLEMS
☐ ASTHMA OR WHEEZING
☐ BEHAVIORAL PROBLEMS
☐ AUTISM
☐ ADHD
☐ DIABETES
☐ HEMOPHILIA / BLEEDING PROBLEM
☐ SILVER ALLERGY
☐ CONGENITAL HEART DISORDER
☐ HEART PROBLEMS (DESCRIBE):
☐ ANEMIA
☐ FAINTING / SEIZURES / EPILEPSY
☐ LIVER PROBLEMS / HEPATITIS
☐ KIDNEY DISEASE
☐ THYROID PROBLEMS
☐ STOMACH PROBLEMS / ULCERS
☐ TUBERCULOSIS
☐ CANCER
☐ **ANTIBIOTIC NEEDED PRIOR TO TREATMENT**

CURRENT MEDICATIONS: (LIST ALL)

ALLERGIES:

NAME OF PRIMARY PHYSICIAN

NAME OF PREFERED PHARMACY

The State of Kansas and the Dental Professionals administering this program are dedicated to improving your child's oral health by offering outreach dental services. Services may include treatment provided two (2) times during the school year. After your child is treated, you will receive a report outlining what services were provided along with a dental referral, if needed.

Data obtained from these services may be used anonymously for statistical purposes for the Kansas Department of Health and Environment (KDHE) and the Centers for Disease Control and Prevention (CDC). Health information specific to your child will never be disclosed in any form or publication; however, you are granting permission and consenting to a photograph for publicity purposes which may include print, television, or internet. Consent is given voluntarily without compensation.

CONSENT FOR TREATMENT

I authorize PrairieStar Health Center to provide preventative dental services for my child and to bill my insurance for the services provided.

NAME OF DENTAL INSURANCE COMPANY	
PRIMARY HOLDER NAME	PRIMARY HOLDER DATE OF BIRTH
PRIMARY HOLDER INSURANCE MEMBER # OR SOCIAL SECURITY #	
PARENT/GUARDIAN SIGNATURE	DATE

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PATIENT NAME	DATE OF BIRTH

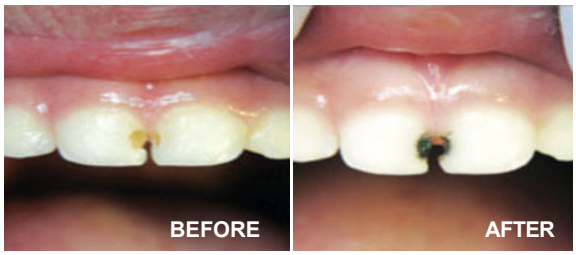
HOUSEHOLD INCOME GUIDELINES

PrairieStar Health Center (PrairieStar) is a Federally Qualified Health Center (FQHC). We receive federal funding and grants. As part of this funding, we are required to collect income data on all patients at least once a year. This data is used to set up programs to meet our patient's needs.

PLEASE SELECT THE INCOME THAT BEST DESCRIBES YOUR SITUATION

Number in Household →	1	2	3	4	5	6	7	8
Annual Income Under	☐ $15,960	☐ $21,640	☐ $27,320	☐ $33,000	☐ $38,680	☐ $44,360	☐ $50,040	☐ $55,720
Annual Income Between	☐ $15,961 $23,940	☐ $21,641 $32,460	☐ $27,321 $40,980	☐ $33,001 $49,500	☐ $38,681 $58,020	☐ $44,361 $66,540	☐ $50,041 $75,060	☐ $55,721 $83,580
Annual Income Between	☐ $23,941 $27,930	☐ $32,461 $37,870	☐ $40,981 $47,810	☐ $49,501 $57,750	☐ $58,021 $67,690	☐ $66,541 $77,630	☐ $75,061 $87,570	☐ $83,581 $97,510
Annual Income Between	☐ $27,931 $31,920	☐ $37,871 $43,280	☐ $47,811 $54,640	☐ $57,751 $66,000	☐ $67,691 $77,360	☐ $77,631 $88,720	☐ $87,571 $100,080	☐ $97,511 $111,440
Annual Income Over	☐ $31,921	☐ $43,281	☐ $54,641	☐ $66,001	☐ $77,361	☐ $88,721	☐ $100,081	☐ $111,441

INFORMED CONSENT
for
SILVER DIAMINE FLUORIDE



FACTS FOR CONSIDERATION

- A small amount of SDF is applied to the decayed tooth area.
- Silver diamine fluoride (SDF) is a liquid that helps stop tooth decay. SDF is applied every 3, 6, and 12 months.
- After SDF application, no eating or drinking for 60 minutes, and no tooth brushing until the following morning.
- The decayed area will stain black permanently.
- Healthy tooth structure will not stain.
- I should not be treated with SDF if:

  1) I am allergic to silver. Possible allergic reaction.

  2) there are painful sores or raw areas on my gums or anywhere in my mouth.

RISKS OF RECEIVING SDF

- Tooth-colored fillings and crowns may discolor if SDF is applied to them.
- After SDF treatment, a filling or crown might still be needed.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks.
- SDF will stain if spilled on clothing.
- There is a slight risk that the procedure will not stop the decay.
- Not every cavity can be treated with SDF.

ALTERNATIVES TO SDF, NOT LIMITED TO THE FOLLOWING:

- No treatment, which may lead to continued break down of the tooth. Symptoms may get worse.
- Placement of fillings or crowns, extractions, or referral to a specialist.

CONSENT FOR TREATMENT

I have read this form. I understand the treatment and have had the chance to ask questions. I have seen photos, and I have been made aware of how my teeth may look after SDF treatment discolors the cavities.

I consent and authorize PSHC Dental Outreach to use Silver Diamine Fluoride to help stop tooth decay.

PATIENT / PARENT / GUARDIAN SIGNATURE	DATE