



TOHONO O'ODHAM NATION SELLS HOSPITAL
DENTAL CLINIC
P.O. BOX 548
SELLS, AZ 85634
(520)383-7341

CHILD'S NAME: _____ D.O.B. _____
(Please print)

MEDICAL HISTORY: Please check all that apply, if **yes**, please briefly explain.

	YES	NO		YES	NO
Allergies			Liver disease/ Hepatitis		
Heart Murmur			Bleeding tendencies		
Diabetes Mellitus			Heart Vascular disease		
Medication Usage			Latex Allergy		
Convulsion/Seizure			Under Doctors Care		
Rheumatic Fever			ADD, ADHD, Autism		
Asthma					

Dear Parents:

We need your permission to provide Dental Screenings, Fluoride treatments, Silver Diamine Fluoride applications, Brushing, Flossing and Sealants for your child at school, you do not need to be present. A dental screening is a brief look at teeth and gums checking for cavities and the health of the gums. Fluoride treatment is Fluoride varnish brushed on the teeth, Fluoride strengthens teeth. Silver Diamine Fluoride application (SDF) is a liquid antimicrobial agent placed on teeth to prevent or slow the growth of cavities. Dental sealants are thin coatings painted on the chewing surfaces of the back teeth that may prevent cavities for many years. **WE CANNOT DO A SCREENING EXAM AND TREATMENT FOR YOUR CHILD UNLESS YOU FILL OUT THE FOLLOWING INFORMATION AND SIGN BELOW GIVING US PERMISSION. PLEASE RETURN THIS FORM TO THE SCHOOL.** THANK YOU!

If you have any questions please contact the TON Sells Dental Clinic (520)383-7341 or (520)383-7200 ext.5336

Please **circle** one of the answers.

- YES**- I want my child to have Dental Screenings, Fluoride treatments, Brushing and Flossing, Sealants and Silver Diamine Fluoride (SDF) if necessary by the Tohono O'odham Sells dental staff.
- NO**- I do not want my child to have Dental Screenings, Fluoride treatments, Brushing and Flossing, Sealants and Silver Diamine Fluoride (SDF) by the Tohono O'odham Sells dental staff.
- I ONLY**- want my child to have: _____

Signature of Parent/Guardian

DATE _____

Email (please print clearly) _____ Phone _____