



SMARTER SMILES

Year 7 Oral Health Screening Program

Metro North Oral Health Services is partnering with your high school to deliver a **free** oral health program.

Return the completed consent forms to your school to enrol your child

Benefits of the program

✓ **Free oral health screening and fluoride varnish applied on-site at school**

All students who are enrolled will be screened at least once a year for dental decay and other oral health issues by registered dental practitioners. Enrolled students will receive a fluoride varnish application and toothbrush pack. Toothbrushing, flossing and diet education will be provided.

✓ **Access to free dental treatment at your nearest Queensland Health dental clinic**

If a need for urgent treatment is observed during the screening, your child will be offered free dental treatment at their nearest public dental clinic. Regardless, a free comprehensive examination and clean is highly recommended.

✓ **Oral health education available to all year 7 students, parents and school community**

Free public dental care is available for all eligible students.



All students who are Queensland residents through to year 10, and years 11 and 12 students who are eligible for the Child Dental Benefits Schedule or those who hold a current Centrelink Card, Healthcare or Pension Card.

If your child is currently experiencing a toothache or you have a concern that you would like addressed sooner, please call 1300 300 850 to make an appointment.

Frequently Asked Questions



Do parents/guardians need to attend the screening day?

No, parents or guardians do not need to accompany their child.

If parents or guardians wish to, a free dental appointment can be made at the nearest school dental clinic. A parent or legal guardian must attend this appointment with their child. Make an appointment by calling 1300 300 850

What's the difference between a dental screening and a dental examination?

A dental screening is a limited dental examination designed to provide easier access to the service. Due to the availability of dental equipment onsite, a comprehensive examination and clean cannot be completed.

Who will provide the service?

The screening day will be led by a registered Dental Therapist or Oral Health Therapist. The team who screen and apply the fluoride to your child's teeth will be made up of Oral Health Therapists and Dental Therapists. Dental Assistants will help them teach your child the best tooth brushing technique.

What is fluoride varnish and why apply it? **

Fluoride varnish can help protect teeth and is effective in reducing decay. Adolescents can get cavities (holes) which may be painful and affect quality of life, including eating, studying, playing and sleeping.

It is a protective coating which is painted on the teeth to help stop cavities forming and slows down cavities which may have started. It is recommended for children and adolescents of all ages that are at risk of cavities. Fluoride varnish contains 22.6mg/ml fluoride ion suspending in an alcohol and resin base. The fluoride varnish lasts for several months.

Most studies show a 25-45% reduction in decay rate when Fluoride Varnish is applied every 6 months.

Is fluoride varnish safe?

Yes, it has been used widely around the world. Only a very small amount is used. Application up to four times a year has not been linked to an increased risk of dental fluorosis.

Why do we ask if your child has asthma?

In a very small number of cases fluoride varnish application may trigger an asthmatic reaction. However, the chance of this happening is very rare, and easily managed.



How is it put on and what happens afterwards?

It is painted on by dental practitioners directly to dried teeth where it forms a waxy film that adheres to the teeth until it is worn off by chewing or brushing.

Fluoride varnish works best if it is not disturbed for a while. It is recommended to only eat soft foods for the rest of the day. The teeth should not be brushed or otherwise cleaned until the next morning.

** Fluoride varnish Information provided by the Australian Research Centre for Population Oral Health



YEAR 7 ORAL HEALTH SCREENING PROGRAM CONSENT FORM

Please return the completed form to your child's form teacher or to the school office.

This is a free program conducted at the school to screen your child for dental decay & other oral health issues. Your child will receive oral hygiene instruction, dietary advice & a fluoride varnish (5% sodium fluoride) application.

The Oral Health Team will notify you if any follow up dental treatment is required.

School Name:

Child's Name:

Date Of Birth: / / Class: (e.g. 7N) Male Female

Medicare Card & Reference Number: / Valid to: /

Parent/Guardian Name:

Address:

Phone: tick if you **do not** want to be contacted by email

Email:

Does your child identify as Aboriginal or Torres Strait Islander or South Sea Islander origin?

Please tick one box: Aboriginal Torres Strait Islander South Sea Islander Neither

Birth country of this child: Australia Other country:

Medical History: (Reported past/present medical conditions)

Does your child have ASTHMA? <input type="checkbox"/> yes <input type="checkbox"/> no
Does your child require Ventolin or a puffer? <input type="checkbox"/> yes <input type="checkbox"/> no. If YES, please ensure child has medication available.
ALLERGIES <input type="checkbox"/> yes <input type="checkbox"/> no. Please specify allergy and medication required, if any:
ALL OTHER MEDICAL CONDITIONS & MEDICATIONS:

Consent statement:

I, _____ give consent for _____
(Parent/Guardian name – please print) (Child's name – please print)

to be enrolled in the Year 7 Oral Health Screening Program for twice-yearly fluoride varnish applications and dental screening. I consent to Queensland Health contacting me by text message (SMS) about my child.

Parent/Guardian Signature

_____/_____/_____
Date



Queensland
Government

METRO NORTH ORAL HEALTH SERVICES

CHILD DENTAL BENEFITS SCHEDULE BULK BILLING PATIENT CONSENT FORM

If my child is eligible for the Child Dental Benefit Schedule, I understand that I am required to sign a form to report to Medicare any treatment performed. This may include item codes 88013 and 88121 amounting to \$62.05 to be bulk billed to Medicare. A form will be returned home (email or paper copy) after my child has attended the dental screening for me to sign and return to the school. At no stage will I be required to pay any out of pocket costs.

I, the patient / legal guardian, certify that I have been informed:

- of the treatment that has been or will be provided from this date under the Child Dental Benefits Schedule;
- of the likely cost of this treatment; and
- that I will be bulk billed for services under the Child Dental Benefits Schedule and I will not pay out-of-pocket costs for these services subject to sufficient funds being available under the benefit cap. Once my benefit cap has been reached I will not need to pay any out-of-pocket costs provided I am eligible for services in a Queensland public dental health clinic.

I understand that I / the patient will only have access to dental benefits of up to the benefit cap.

I understand that benefits for some services may have restrictions and that Child Dental Benefits Schedule covers a limited range of services. I understand I will need to personally meet the costs of any services not covered by the Child Dental Benefits Schedule or Queensland Public Dental Services.

I understand that the cost of services will reduce the available benefit cap and that I will need to personally meet the costs of any additional services not covered by Queensland Public Dental Services once benefits are exhausted.

/

Patient's Medicare & reference number

Expiry Date: /

Patient / legal guardian signature

Patient's full name

Full name of person signing
(if not the patient)

Date

This form is valid up to 31 December of the calendar year for which it is signed.

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