

## Free oral health screening at your school



Community Dental Services at Bendigo Health is sending a team to St Joseph's Primary School to provide oral health screening for students from Monday 11 September until Thursday 14 September.

The screening team is made up of qualified oral health therapists and dental assistants who work at Bendigo Health. All members of the team have 'Working with Children' checks.

We will be providing this service free of charge.

### **Why are we doing oral health screens and health promotion?**

We will be looking for any signs of tooth decay or gum disease. Up to half of school-aged children can have tooth decay and gum disease. It can develop without any pain and early detection can prevent it from becoming a serious problem.

Poor oral health can be prevented and establishing good habits from an early age promotes positive lifetime habits.

### **What will happen in the oral health screen?**

During the screen visit, your child will sit in a chair and the oral health clinician will look in their mouth with a sterile mouth mirror and light. They will be looking for any signs of tooth decay or gum disease. It will take about five minutes.

Children will participate in an interactive learning activity related to looking after their mouth and teeth. We hope it will be a bright and cheerful experience for all children.

Following the screen, we will post a brief report to the child's home address, telling parents and guardians what we have found. The report is confidential and the details will be kept at Bendigo Health.

If further treatment is needed, it is available free of charge for eligible children at Bendigo Health.

The oral health screening visit does not replace a full examination at a dental surgery, but it is a good way to check for any early signs of dental disease.

### **Fluoride treatment for teeth at risk**

Fluoride varnish is used for teeth at risk of tooth decay. The varnish is applied using a brush and painted on to teeth of concern. The procedure takes approximately two minutes. If you do not wish for your child to receive this treatment please indicate on the allocated section of the consent form.

# Oral health screening consent form

School	St Joseph's Primary School		
Teacher		Grade	

Child's first name		Surname	
Postal address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Contact phone number			
Email			
Is the child Aboriginal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child a Refugee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child an Asylum Seeker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the child born in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No, they were born in _____		

Are there any significant medical issues we should be aware of?	<input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No	
Does the child have any allergies?	<input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No	
Do you have any concerns regarding the child's oral health?	<input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No	

<b>Medicare number:</b>	<b>Medicare suffix:</b>	<b>Medicare expiry date:</b>

### Consent to oral health screening

1. I agree for the child to receive an oral health screening visit at school from Bendigo Health
2. I understand that the screening may not identify all dental disease and does not replace a full examination performed at a dental surgery
3. I understand that the child's oral health information is private and will be stored securely at Bendigo Health. It cannot be seen by staff at the school
4. I understand that I may be contacted by Bendigo Health regarding the child's oral health
5. I understand that I will receive a written copy of the oral health screening report.

I do **not** want the child to receive fluoride treatment

Full name of parent/guardian		
Signature of parent/guardian		Date

If you have any questions please email [dental@bendigohealth.org.au](mailto:dental@bendigohealth.org.au) or telephone 5454 7994.

*Office use only:*

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Notes:

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