



Date 09/15/2025

Dear Parent/Guardian,

Community Health Center of Southeast Kansas will be providing **dental screenings** and **dental hygiene services** to USD 247 students Wednesday October 8, 2025 and also services the week of January 5-8, 2026

### Dental Screenings

The Kansas state statute requires all students, K-12, enrolled in Kansas schools, to receive a FREE DENTAL SCREENING each year. This screening **does not** replace the exam provided by your dentist. **All Students will be screened unless you mark the box and fill out the section below.** If the student is taken off the screening list, the district will need proof of the student's last exam signed by their dentist. Dental Screenings are **provided at no cost; no insurance is involved.** Dental Screenings are a quick look in the mouth using only a mirror and a light. A take home note will go home with all students who are screened.

### Registered Dental Hygiene Services

CHC/SEK's Registered Dental Hygienists have extended care permits allowing the following services at the school. If you would like your student to receive any of the dental hygiene services listed below, please sign and return the consent form.

- Dental Hygiene Services May Include: Cleaning, Sealant, Fluoride Treatment, Silver Diamine Fluoride Treatment, Temporary Filling, Injection of Local Anesthetic, and Baby Tooth Removal. You will be notified before an injection of local anesthesia is administered and/or the removal of a baby tooth.
- Exams: Exams will only be performed at certain Head Start locations.

**\*\* Insurance will be billed, if available, for the dental hygiene services only, but please note that there is no out-of-pocket cost to the school or the family for these services. You should NOT receive a bill from CHC/SEK or your insurance company. \*\*Please retain your take home letter indicating services provided to share with your dentist.**

**If you want your student to have dental hygiene services, the consent form must be returned to school by No later than Monday October 6, 2025**

☐ I do not wish to have my student participate in the free dental screening and understand that I must provide proof of my student's last dental exam in writing to the district. If this form is not returned, your student **will** receive a free dental screening.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please feel free to call any of the USD 247 school buildings with any questions you may have.