**GREAT NEWS!**

**(*School’s name*) is participating in the 802 Smiles Network!**

Dear parent or guardian,

(*School name*) is participating in the 802 Smiles Network, which promotes dental health programs in schools throughout Vermont. This means your child is eligible for a **free dental screening** and may be eligible to receive **preventive dental services** at no cost to you. All you have to do is to fill in, sign, and return the consent forms in this packet to (*your child’s teacher or another person/location*) by (*insert date*).

**Please note:** if your child already has an established dental home, **we encourage you to continue receiving care there, rather than through the school**; the 802 Smiles dental hygienist will **prioritize children who do not currently have a dental home**.

 (*School name*)’s 802 Smiles registered dental hygienist can provide the following **free services**:

* **Dental Screening** (simplified dental check-up)
* **Fluoride Varnish** (brush-on liquid that can help prevent cavities)
* **Silver Diamine Fluoride** (**SDF)** (brush-on combination of silver and fluoride that can help stop cavities from getting bigger)
* **Dental Sealants** (protective coating placed on the chewing surfaces of back teeth to prevent cavities)

If you choose to participate, after your child is seen the dental hygienist will send you afollow-up letterexplaining the services provided to your child and whether additional treatment is recommended. The hygienist can also help connect you to a dental professional who can provide ongoing dental care for your child (a “dental home”) if you don’t have one.

If you have any questions, feel free to contact (*School name*)’s 802 Smiles dental hygienist at (*contact information*) or (*School name*)’s nurse at (*contact information*).

Sincerely,

(*School Principal’s signature*)

The **802 Smiles Network** is a partnership between the school community, dental professionals, the Agency of Education, and the Vermont Department of Health.

The goal is to improve the oral health of all Vermont kids.

**If you’d like your child to participate in this program, please fill in, sign, and return the forms in this packet to (***insert who***) by** *(insert date)***.**