**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** (where available) at no cost to you. All you have to do is to fill, sign, and return the consent forms in this packet to (*your child’s teacher or another person/location*) by (*insert date*).

(*School name*)’s registered dental hygienist can provide the following **free services** (*revise the list below accordingly*):

* **Dental Screening** (simplified dental check-up)
* **Fluoride Varnish** (brush-on liquid that can help prevent cavities)

If you choose to participate, after your child is screened our 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 the recommended treatment for your child, if needed.

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

Sincerely,

(*School Principal’s signature*)

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



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.