



—2017-2018 South Carolina—
ORAL HEALTH
STATEWIDE SCREENING
—Every Smile Counts—

Dear Parent or Guardian:

Make your child's smile count! The South Carolina Department of Health and Environmental Control will be conducting the **2017-2018 South Carolina Oral Health Statewide Screening: Every Smile Counts** survey at your child's school. This survey takes place every five years to measure the oral health status of kindergarten (K-5) and third grade school students throughout the state. If you wish for your child **not to participate** in the screening, please complete the bottom portion of this letter and return it to your child's teacher.

Your child's school has been randomly selected to be a part of this survey and with your permission, we would like to screen your child. At this screening, a trained health professional will quickly look into your child's mouth and note what they see. All children will be given a Results Form after the screening to bring home as well as a toothbrush and an activity booklet. **This dental screening does not take the place of regular check-ups by your family dentist.**

The findings of this screening will be used to determine if the state's oral health programs are working and provide the South Carolina Department of Health and Environmental Control with an overview of the oral health of South Carolina's children. Your child's name will not be included in any of the results. Both your child's health and your family's privacy are very important to us and will be protected.

If you would like your child to participate in the screening, no further action is needed.

If you do not want your child to be screened, please complete the portion below, sign and return to your child's teacher.

Please return by _____
(Date)

Child's Name: _____

Classroom Teacher's Name: _____

_____ **No**, I do not give permission for my child to have his/her teeth checked.

Signature of Parent or Guardian:

Date:

On behalf of the South Carolina DHEC-Division of Oral Health,

Thank you.