



## MALTESE ROAD PRIMARY SCHOOL

Maltese Road, Chelmsford, Essex CM1 2PA

Tel: 01245 357860

E-mail: [admin@maltese.essex.sch.uk](mailto:admin@maltese.essex.sch.uk)

[www.malteseroadprimary.com](http://www.malteseroadprimary.com)

Headteacher: Mrs F White

26<sup>th</sup> February 2025

### Goodleigh Dental Practice NHS Dental Scheme

Dear parents/carers

Please find attached a letter from the NHS regarding a new pilot scheme that is being run in partnership with our local dentist, Goodleigh Dental Practice.

Two dentists from Goodleigh Dental Practice will be coming into school on Friday 14<sup>th</sup> March to talk to Reception Class and Year 3 about good oral hygiene and visiting the dentist regularly.

They will then be coming back into school on Tuesday 18<sup>th</sup> March for 'Flip the Lip', which is a mouth check. By returning the attached permission slip, you are agreeing for the dental staff to assess your child's oral health.

Goodleigh Dental Practice will then be holding a Familiarization Day at their Practice (11:30 - 14:00) on 5<sup>th</sup> April 2025.

This event will provide an opportunity for Reception and Year 3 children, along with their families, to visit their practice. They can register and book an appointment with one of the dentists, as well as receive oral hygiene advice for the whole family. This day is designed to help children feel more comfortable in our dental environment.

If you require any further information please speak to the school office.

Kind regards

Mrs White  
Headteacher

Dear Parent/Carer

## **Exciting news for all parents: free access to NHS Dental Services for your child at school**

We would like to introduce you to an important dental programme that NHS Mid and South Essex Integrated Care Board (MSE ICB) are rolling out to improve children and young people's oral health and to help your child learn how to take care of their teeth and mouths.

Oral health is often the first great sign of your child's overall health. Developing healthy habits early in life will help to prevent tooth decay, support their overall wellbeing, and get them off to the best possible start in life.

This programme aims to support your child by providing a free oral health mouth check in school and there will be fun interactive lessons on looking after their oral health.

### **The Assessment (mouth check)**

A dental care professional will be coming into school to check your child's oral health which will include looking in your child's mouth. No dental treatment will be provided at the school - they will just take a look at your child's teeth and mouth.

Following this, your child will be given a letter that will tell you whether your child/children's teeth are fine or if they recommend a dental appointment. If your child already has a regular dentist, they will still need to visit them for treatment and check-ups. If the dental care professional identifies that your child needs some dental treatment, they will be given a letter to take home that you can give to your regular dental practice.

A dental practice has been assigned to your child's school and so you will have direct access to this practice for a dental appointment if you do not already have a regular dentist.

Please note children under 18 are eligible for **free NHS dental care**.

Please see the parental consent form on the back of this letter that we need you to complete and return to the school before your child can take part in the assessment.

**Mid and South Essex Integrated Care Board**  
PO Box 6483, Basildon, SS14 0UG

www.midandsouthessex.ics.uk | 01268 594 350  
Chair: Professor Michael Thorne CBE | CEO: Tom Abell

## Child Consent Form

I have read and understood the information in the attached letter for parents and persons with parental responsibility.



I agree for my child to take part in the programme and have a free dental check at school.

- Child's name: \_\_\_\_\_
- Child's date of birth: \_\_\_\_\_
- Child's home postcode: \_\_\_\_\_
- School Postcode: \_\_\_\_\_
- Name of parent or person with parental responsibility: \_\_\_\_\_
- Signature of parent or person with parental responsibility:  
\_\_\_\_\_
- Date: \_\_\_\_\_

**Please return this form to your child's school.**

**Thank you.**