

“SAVE OUR SMILES”

Fluoride Program Parent Permission Slip 2018-2019

Dear Parents/Guardians,

Date _____

Elsinboro School, with funding from the NJ Department of Health, is offering to students in grades **1st through 6th**, a voluntary fluoride mouth rinsing program to prevent dental decay. This simple method of applying fluoride has been demonstrated to be safe and effective in controlling tooth decay. Students will rinse their mouths in school with fluoride for one minute once each week. This solution is not swallowed and is not harmful if accidentally swallowed. This program is very important to the oral health of your child and is perfectly compatible with other dental disease prevention measures that your family might use. There is no cost to you.

Your child can participate in this program **ONLY** if you sign and return the bottom half of this letter. You are free to withdraw your consent for participation at any time. We encouraged you to allow your child to participate in this valuable activity. This preventative program does not take the place of proper dental care at home and regular dental visits.

Please return the complete form to your child’s teacher as soon as possible. Any questions or concerns please contact me at 935-3817 ext 133.

Thank You,
Laura Gallagher RN

YES _____ I want my child to participate in the fluoride mouth rinsing program.
(I understand that I can withdraw my child from participating in the fluoride mouth rinse program by notifying the school in writing.)

NO _____ I DO NOT want my child to participate in the fluoride mouth rinsing program.

Parent/Guardian _____ Date _____

Child’s Name _____ Age _____

Teacher _____ Grade _____