

**WEEKLY FLUORIDE MOUTH- RINSE PROGRAM
PARENT PERMISSON SLIP**

Dear Parent/Guardian,

Our school will continue to participate in the Weekly Fluoride Mouth Rinse Program this year. The program will be coordinated and funded by the Department of Public Health.

This simple method of applying fluoride has been demonstrated to be safe and effective in reducing tooth decay 20-40%. Under supervision, participating students will rinse their mouths in school with 10ml. (2 tsp) of 0.2 neutral sodium fluoride for one minute each week. The solution is not swallowed.

The Food and Drug Administration has approved the 0.2 mg. weekly sodium fluoride mouth rinse as a safe and effective means of preventing tooth decay. There are no known adverse effects associated with this procedure.

This program will help to improve the dental health of your child, although it will not take the place of regular dental check-ups and proper tooth care at home.

FLUORIDE MOUTHRINSING IS BENEFICIAL. IT IS NOT MEANT AS A SUBSTITUTE FOR ANY OTHER FLUORIDE YOUR CHILD MAY BE GETTING, EITHER BY FLUORIDATED WATER, FROM YOUR DENTIST, OR BY PRESCRIPTION.

Participation in the mouth rinse program is voluntary and there is no cost to you. We encourage you to allow your child to participate in this valuable program. Your child can receive this program only if you give permission by signing and returning the bottom half of this letter to your child's teacher.

If at any time you have a question about the program, you may call the school nurse, Sue Lehman RN or the principal, Mr. DiPietro at 582-6454.

Please sign the form below and return it to your child's teacher by Monday, October 2nd- the program will begin on Friday, Oct. 6th and will continue every Friday in the morning until June. Your child may opt to sign on the program at any time during the year or if you decide to take your child off the program, please contact the health office. The program is only for children in grades 1 through 6.

Sincerely,

School Nurse

**** Parent Volunteers are needed to help with this program- please contact the health office. Time required is Fridays mornings 8:25 to 8:50. The commitment is flexible.

___ YES, I would like my child to participate in the Weekly Fluoride Mouth Rinse Program.

___ NO, I would not like my child to participate in the Weekly Fluoride Mouth Rinse Program.

Name of Student

Parent Signature

Teacher

Grade

Date