

Parental Permission for Weekly Fluoride Rinse Program

Dear Parent/Guardian,

Our school has an opportunity to participate in the Weekly Fluoride Mouth Rinse Program this year. This method of applying fluoride has been demonstrated to be safe and effective in reducing tooth decay by 20% to 40%. The program has the approval of the Food and Drug Administration.

The program consists of students swishing two teaspoons (10ml) of 0.02% sodium fluoride solution in their mouths for one minute. The solution is not swallowed. The children are supervised.

Dental health includes proper nutrition, tooth brushing and flossing, and regular visits to the dentist. Fluoride mouth rinsing is beneficial. It is not meant as a substitute for any fluoride your child is getting either by fluoridated water or a fluoride supplement prescribed by a physician or dentist.

The fluoride program is coordinated and funded by the Office of Oral Health, Massachusetts Department of Public Health. Participation in the fluoride mouth rinse program is voluntary. There is no cost to you. Your child can only receive this program with your permission.

If you have any questions about the fluoride mouth rinse program or about your child's dental health please contact the school nurse.

Please sign the form below and return it to your child's teacher. Please return the permission for whether you check "yes" or "no".

Sincerely,
Rebecca Donovan RN MSN
School Nurse
Muddy Brook Regional Elementary School
413-644-2373

_____ 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

Signature of Parent/Guardian

Teacher/Room

Date