



Dear Parent or Guardian:

Our school will be participating in the weekly fluoride mouthrinse program sponsored by the Massachusetts Department of Public Health. This simple method of applying fluoride has been demonstrated to be safe and effective in preventing tooth decay by 20%-40%.

Under supervision, participating students in grade 1-4 will rinse their mouths during homeroom with 10ml (2tsps.) of 0.2% neutral sodium fluoride solution for one minute each week. The solution is not swallowed, but spit out by each student.

The Food and Drug Administration (FDA) has approved the 0.2% weekly sodium fluoride mouthrinse 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 place of regular dental check-ups and proper tooth care at home.

**FLUORIDE MOUTHRINSE 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 mouthrinse program is voluntary and there is **not a cost** to you. We encourage you to allow your child to participate in this valuable health program. **Your child can participate in this program only if you give your permission by signing and returning the bottom half of this letter to your child's teacher as soon as possible.**

If at any time you have a question about the program, you may call Cathy Alix RN or Marylee Mutrie RN. 508-543-2508 ext 360 or 361.

**Please return the consent form even if you do not want your child to participate.**

\_\_\_\_\_ Yes, I want my child to participate in the weekly fluoride mouthrinse program.

\_\_\_\_\_ No, I do not want my child to participate in the weekly fluoride mouthrinse program.

\_\_\_\_\_ I would like to volunteer to help with the weekly fluoride rinse program.

Name of student \_\_\_\_\_

**Signature of Parent /Guardian:** \_\_\_\_\_

Teacher \_\_\_\_\_ Room \_\_\_\_\_ Date \_\_\_\_\_