“SAVE OUR SMILES”

Parent Permission Slip

Dear Parent/Guardian:

The Loudenslager School, with funding from the New Jersey State Department of Health, is offering to all students a voluntary fluoride mouth rinsing program to prevent dental decay. This simple method of applying fluorides has been demonstrated to be safe and effective in controlling tooth decay (an average of 35% fewer cavities). Under supervision, participants will rinse their mouths in school with a 0.2% neutral sodium fluoride solution for one minute, once each week. The 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 any 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 encourage 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 completed for to your child’s teacher AS SOON AS POSSIBLE.

Sincerely,

Meredith Wright, RN

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YES \_\_\_\_\_\_ I want my child to participate in the fluoride mouth rinsing program.

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

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_