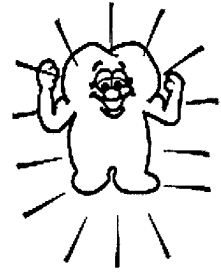


# CONSENT FORM

## Fluoride Mouth Rinse Program 2017 - 2018



Each child who participates in the program will rinse with a 0.2 % neutral sodium fluoride mouth rinse once each week. Rinsing is simple, safe and takes very little classroom time. Each child is given a paper napkin and a small amount (10 ml/2 tsp) of the fluoride solution in a paper cup. Under supervision, the rinse is swished in the mouth for one minute and then returned to the cup for disposal.

Please fill out this form and return it to your child's teacher as soon as possible.

Please print the information and sign your name. Thank you.

**Child's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_  
Day Month Year

**Teacher:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Check One:**

Permission is granted for my child to participate in the school fluoride mouth rinse program.

Permission is not granted for my child to participate in the school fluoride mouth rinse program.

\_\_\_\_\_  
**Signature of Parent or Guardian**