

**SCHOOL FLUORIDE MOUTHRINSE PROGRAM**

Dear Parent,

The **Lucas Local School** is working with the Bureau of Dental Health of the Ohio Department of Health to provide a supervised fluoride mouthrinse program at your child's school.

This program offers one of the most **effective** measures to prevent tooth decay. Children who participate in the program are closely supervised while they swish with a weak fluoride rinse. The rinse is swished in the mouth for one minute and then emptied into a cup that is thrown away. The procedure is done one time per week for the entire school year.

The fluoride mouthrinse program which the Ohio Department of Health conducts in your child's school works well with other measures that your family might use to prevent cavities, such as using toothpaste with fluoride or having fluoride applied to the teeth in a dental office, or receiving dental sealants. Sealant is a plastic coating which is painted onto the chewing areas of teeth to seal out the food and germs that cause decay. Together, fluorides and sealants offer the best protection against tooth decay. The fluoride mouthrinse program does not take the place of good home care, a proper diet, and regular dental visits.

The program has been endorsed by the American Dental Association, the Ohio Dental Association, the American Dental Hygienists' Association, the Ohio Dental Hygienists' Association, the American School Health Association, and the Ohio Department of Education.

Participation in the fluoride mouthrinse program is voluntary. This form will grant consent for your child to participate in this ongoing program for the years he/she is enrolled in the school. You may withdraw your consent for participation at any time.

Sincerely,

Lucas Elementary Staff

Please complete and return this form by \_\_\_\_\_

I wish my child to participate in the Fluoride Mouthrinse Program.

I do not wish my child to participate in the Fluoride Mouthrinse Program.

Child's Name:

Last First Initial Age

Teacher Grade

Parent or Guardian Signature Date

(This consent form must be retained by the school.)