

“Save Our Smiles”
Fluoride Mouth Rinse Program
Parent/Guardian Permission Slip
2019-2020

Dear Parent or Guardian:

The New Jersey Department of Health and Senior Services administers a voluntary fluoride mouth rinse (FMR) program for students in the school setting. The Alpha School participates in the FMR program.

This simple method of fluoride mouth rinsing has been demonstrated to be safe and effective in controlling tooth decay (an average of 30% fewer cavities). The school nurse, teachers or other trained volunteers will assist with the program.

Under supervision in the school setting, participating students rinse their mouths with a .2% neutral sodium fluoride solution 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 compatible with dental disease prevention measures that your family may use. There is no cost to you for your child to participate.

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; however, we encourage you to allow your child to participate in this valuable activity. This permission will remain valid as long as your child remains in this school district for 2019-2020 school year. This preventive program does not take the place of proper dental care at home and regular dental visits.

Please return the completed form to your child’s teacher by **9/30/2019**.

Sincerely,

Yes I want my child to participate in the voluntary fluoride mouth rinsing program.
(I understand that I can withdraw my child from participating in the fluoride mouth rinsing program by notifying the school in writing.)

No I **DO NOT** want my child to participate in the voluntary fluoride mouth rinsing program.

Parent or Guardian: _____

Date: _____

Child’s Name: _____

Age: _____

Teacher: _____

Grade: _____