## **Dennis-Yarmouth Regional School District**

## Dear Parent/Guardian:

The Dennis-Yarmouth Regional School District, in cooperation with the Massachusetts Department of Health, is offering to all students in grades one through five a fluoride mouth-rinsing program to prevent tooth decay. This simple method of applying fluoride has been demonstrated to be safe and effective in controlling tooth decay by as much as 40%. Students will rinse their mouths in school with 0.2% neutral sodium fluoride solution for one minute once each week, under supervision.

Your child's participation in this fluoride mouth-rinsing program is voluntary and subject to your permission. There is no charge for the program. This preventive program should not take the place of regular dental care at home or by your child's dentist. Many parents have at some point given their children fluoride tablets or vitamins containing fluoride and want to know if they can still participate in the mouth-rinsing program. If your child does take part in the mouth-rinsing program at school he/she should continue with any fluoride program prescribed by his/her dentist or physician.

Please return the completed form to your child's teacher, stating whether you want your child to participate or not. If you have any questions regarding this project, please call the school nurse.

Name of Student	Age_	Sex		erade <u>.</u>		Room	ı #
Has your child ever used fluoride tablets or containing fluoride?	vitami	ns	Y	•	ırrently		age
If your child currently takes fluoride tablets per week are these taken?			3	•	5 6		any days
I want my child to participate			`		,		
I do not want my child to participate	signature						date
, , , <u>——</u>	signature						date
If you do not want your child to participate, reason	you ma	ay use	the fo	llowinç	g lines	to indi	cate you