

Dear Parents/Guardian,

On _____ we will have our first application of fluoride varnish. This fluoride is a gel that is painted onto the teeth by trained volunteers. It is a two application fluoride that is done in September and again in 6 months. Those students that get the first application will automatically get the second application. We will have a dental hygienist here for the first application to evaluate the child's teeth. This is a free program that is state funded. It does not replace a regular check up with your child's dentist, which is recommended at least once a year.

***Please sign and return to school in order to receive the fluoride varnish. We must have consent, or the child will not receive the fluoride varnish. (If you have already filled one out for this school year, please disregard.)**

___ Yes, I want my child to receive **2** applications of fluoride varnish

___ No, I do NOT want my child to receive any applications of fluoride varnish

Student: _____

Parent Signature: _____

Date: _____

Thank you!!