



School Health Services
SODIUM FLUORIDE "SWISH" PERMISSION FORM

Dear Parent / Guardian:

The Berlin Central School District, in cooperation with the New York State Department of Health, is again offering to all students a fluoride rinse program to help reduce dental decay. The Center for Disease Control and Prevention recommends fluoride supplements for children who live in communities with less than optimum levels of fluoride in their drinking water.

Each week under **direct supervision**, participants will receive a 5mg or 10mg neutral sodium fluoride rinse solution. The solution is "swished" around the teeth for one minute and then it is spit out and discarded. The fluoride program is safe and effective when the protocol is followed. Fluoride supplements should not be given to a child both at home and at school. Therefore, if your child is receiving fluoride at home from their dentist or physician, he or she **should not** participate in this program at school

We encourage you to allow your child to participate in this valuable preventive program. Your child's participation is entirely voluntary and you may withdraw your child from the program at any time. For the current year, the program will be completely funded by the New York State Department of Health, Bureau of Dental Health, and your child may participate at **no cost**. This Fluoride Supplemental Program is, however, in no way a substitute for routine dental care. Your child must continue proper home dental care and routine dental check-ups. Please read and return the completed form without delay to your child's teacher. If you have any questions or would like more information, please contact the School Nurse or Health Office Assistant.

Sincerely,

Kellie Kaschak, SNT

Child's Name: _____ Grade: _____ Teacher: _____

___ I give permission for my child to participate in the sodium fluoride rinse program.

___ I do not want my child to participate in the sodium fluoride rinse program.

___ My child takes fluoride supplements at home.

___ Our water supply is fluoridated.

Parent/Guardian Signature

Phone

Date