

Date: _____

Dear Parent or Guardian:

A preventive oral health program is available thro Senior Services. This program is offered to all chil dental care.	_	·	
A licensed dental professional will screen your ch coating of fluoride varnish to your child's teeth to and effective in preventing, reducing and stoppir toothbrush and oral health care information.	wice during the school	ol year. Fluoride varnish has bee	en proven to be safe
This service does not replace a regular do	ental check-up, which	n is recommended at least once	a year.
You must provide consent to receive the	fluoride varnish appl	ication at no cost to you.	
Yes, I want my child to receive two applica No, I don't want my child to receive the flu Name of Child: Date of Birth:	uoride varnish.		
School: Teacher:			
Home Address: Phone #:			
Health History			
Has your child ever had serious health problems?	? Yes No	If yes, please explain:	
Does your child have any allergies? Yes: N	lo If yes, wha	t?	
Parent/ Guardian Signature:		Date:	