SCHOOL HEALTH SERVICES
RSU/MSAD 40
PO Box 701 1070 Heald Highway
Union, Maine 04862
(207) 785-2277 Ext. 224
Fax # 1-207-785-3115

Dear Parents:

Our Dental Health Education Grant has been written and once again approved. This means that the Fluoride Varnish program for **grades K through 6** has been funded. With your permission your child can get a free Fluoride Varnish treatment at school.

What is Fluoride Varnish?

Fluoride Varnish is a protective coating that is painted on teeth to help prevent new cavities and to help stop cavities that are already started.

Why do we recommend putting fluoride varnish on children's teeth?

Tooth decay is one of the most common preventable diseases seen in children. Cavities in teeth can cause pain and effect children's ability to eat, speak, sleep, and learn properly. Children do not lose all their baby teeth until they are 12 to 13 years old.

Is Fluoride Varnish safe?

Yes, Fluoride Varnish can be used on babies from the time they get their first teeth. Only a small amount of Fluoride Varnish is used. This method has been used in Europe for more than 30 years. Fluoride Varnish is approved by the Food and Drug Administration (FDA) and is endorsed by the American Dental Association.

How is it put on the teeth?

The Fluoride Varnish is applied to the teeth, by a health professional, using a small disposable brush. It is quick and easy to apply and does not have a bad taste. There is no pain when applying the Fluoride Varnish. Your child will be able to eat right after this treatment.

How long does the Fluoride Varnish last?

The effects of Fluoride Varnish will last up to several months. The Fluoride Varnish will be applied to your child's teeth 2x a year.

FLUORIDE VARNISH PERMISSION SLIP

Please print all information below and return this bottom portion to the school immediately.

Child's Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (Town) (Zip Code)

School: _____ Grade: _____ Teacher's Name: _____

Child's Age: _____ Gender: ___M ___F Home Phone: _____ Daytime Phone : _____

Please list your child's allergies: _____

If you have any questions regarding this form, please contact your child's School Nurse.

____ Yes - I would like my child to get a dental screening and Fluoride Varnish treatment at school.

____ No - I do not want my child to get a Fluoride Varnish treatment at school.

_____ _____
(Date) (Parent/Guardian Signature)