

[Place on your letterhead]

SAMPLE

Fluoride Varnish Program Parent/Guardian Consent

Child's First Name

Child's Last Name

Date of Birth (Month/Day/Year)

I understand that fluoride varnish helps to protect teeth from cavities. Fluoride varnish may be applied to my child's teeth from two to four times per year. My child's teeth may look yellow for 24 hours. After fluoride varnish application, I should not give my child crunchy foods for one day. The oral screening is not a complete dental exam.

- Yes, I give permission for my child to participate in the Fluoride Varnish Program.
- No, I do not give my permission to participate in the Fluoride Varnish Program.

SIGNATURE – Parent/Guardian

Date Signed



NORTH DAKOTA
DEPARTMENT *of* HEALTH

November, 2007