

# TOOTHBRUSHING PERMISSION SLIP

In response to the increasing numbers of young children with significant dental problems, I plan to institute a toothbrushing program. I hope you will allow your child to participate. Children will learn how to brush their teeth and the importance of doing so. I will supervise the children to assure that the process is sanitary.

CHILD'S NAME \_\_\_\_\_

\_\_\_\_\_ Yes, I would like my child to participate in the tooth-brushing program.

\_\_\_\_\_ No, I do not want my child to participate in the tooth-brushing program.

If your answer to the questions above was "yes", you have more to decide. There is a great deal of evidence that fluoride helps prevent cavities. Therefore, the toothpaste we will be making available to the children will contain fluoride. However, if you decide you do not want your child to use fluoride, s/he may still take part in the tooth-brushing program, but without using toothpaste.

\_\_\_\_\_ My child may use fluoride toothpaste.

\_\_\_\_\_ My child may not use toothpaste.

Should you have any questions about the tooth-brushing program, please let me know.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_