



Dear Parents/Guardian:

The school district offers a fluoride mouth rinse program to students in grades K—6. This simple method of applying fluoride has been demonstrated to be safe and effective in controlling tooth decay. Participants will rinse their mouths in school with a 0.2% neutral sodium fluoride solution for one minute once a week under the supervision of the school nurse or teacher. **This solution is not to be swallowed.**

This project is very important to the oral health of your child. Participation is entirely voluntary and at no cost to you. We encourage you to allow your child to participate in this valuable health project. This preventative program, however, should not take the place of regular dental care by your dentist.

Please return this completed form to your child’s teacher. Your child cannot participate without your written consent.

This consent form will be valid until your child completes 6<sup>th</sup> grade. If you wish to have your child discontinue participation in the program, a written statement is required. If at any time you would like your child to restart, please let us know.

If you have any question regarding the project, please call 1-507-342-5114 and ask for the school nurse.

Sincerely yours,  
School Nurse  
Wabasso Public School ISD #640

       I WISH my child to participate in the fluoride mouth rinse program

       I DO NOT WISH my child to participate in the fluoride moth rinse program.

Name of Child: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parents/Guardians

\_\_\_\_\_  
Date