CRAWFORD CENTRAL SCHOOL DISTRICT

Department of Health Services

**Fluoride Supplement Consent Form**

**ONLY FOR STUDNETS IN GRADES K-6**

Dear Parent or Guardian:

The Crawford Central School District, with the endorsement of the Pennsylvania Department of health, is offering a valuable health service to your child.

With parental permission, children will have an opportunity to receive a 1mg fluoride tablet each day at school. The program is offered in grades K-6. Clinical studies have shown that these tablets are safe and effective in reducing the incidence of tooth decay and are especially valuable to young children when their permanent teeth are developing.

Fluoride tablets should not be given to a child at home and school on the same day. Therefore, if your child is receiving fluoride tablets at home, they should not participate in the fluoride tablet program at school.

The Fluoride Supplement Program has been recommended by Dr. Amy Haeck, Dental Consultant for the Crawford Central School District, and will be under the supervision of Mrs. Deanna Harrison, School Dental Hygienist. This service will be continued in the grades designated K-6 unless your permission is withdrawn.

This program is very important to the dental health of your child. Participation is entirely voluntary and without cost to you. We encourage you to permit your child to participate in this valuable health activity. This preventive program, however, should not take the place of regular dental care by your family dentist or proper home care. Please return the completed form to your child’s teacher promptly.

Sincerely

Deanna Harrison, R.D.H.

School Dental Hygienist

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Name of Student Grade Teacher School

\_\_\_\_\_ I would like my child to participate in the school Fluoride Supplement Program and continue throughout

his/her elementary years in the Crawford Central School District and hereby do release Crawford Central

School District and all of its employees and consultants from any and all liability with respect thereto.

\_\_\_\_\_ I **WOULD NOT** like my child to participate in the Fluoride Program offered by the school

\_\_\_\_\_ My child is currently receiving a fluoride supplement at home and will not participate in the in the school

fluoride program.

Date\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_