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 This service will be continued in the grades designated K-6 unless your permission is withdrawn.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.

Since	rely				
	na Harrison, R.D.H. ol Dental Hygienist				
 Name	of Student	 Grade	Teacher	School	
	his/her elementary years School District and all of it	in the Crawford Central S ts employees and consult			
	My child is currently receive fluoride program.	ving a fluoride supplemei	nt at home and will not pa	rticipate in the in the school	
Date		Signature of Parent/Guardian			