

**WILLIAMSBURG SCHOOLS' FLUORIDE MOUTHRINSE PERMISSION FORM  
SCHOOL YEAR 2008-2009**

Dear Parent/Guardian:

Our schools will once again be participating in the fluoride mouthrinse program sponsored by the Massachusetts Department of Public Health. This simple method of applying fluoride has been shown to prevent tooth decay by 20%-40%.

Under supervision, students will rinse their mouths in school with 10 ml, which is equal to 2 teaspoons, of 0.2% neutral sodium fluoride solution for one minute each week. The solution is not swallowed, but spit out after swishing in the mouth for one minute.

The Food and Drug Administration has approved the 0.2% weekly sodium fluoride mouthrinse as safe and effective. There are no known adverse effects associated with this procedure.

The school fluoride mouthrinse program is not meant as a substitute for any other fluoride your child may be getting, either from fluoridated water, from the dentist, or by prescription.

The mouthrinse program is FREE and voluntary. We encourage your child to participate in this valuable health prevention program. In order for your child to participate you must provide written permission. Sign the bottom of this letter and return it to your child's teacher tomorrow.

If you have any questions, please contact the school nurse at 268-8421

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\_\_\_\_\_ YES I want my child to participate in the weekly fluoride mouthrinse program.

\_\_\_\_\_ NO I do NOT want my child to participate in the weekly fluoride mouthrinse program.

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Student Name

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Parent Signature

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Teacher

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Grade

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Date

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School

My child has sealants on his/her teeth.

\_\_\_\_\_Yes      \_\_\_\_\_No

\_\_\_\_\_I would be interested in helping with the weekly fluoride mouthrinse program.

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Phone Number