

Blessed Sacrament Parish School
“Happy Smile” Dental Disease Prevention Project
Parental Consent for Weekly Fluoride Mouthrinsing

Dear Parents:

We participate in a state-wide, state funded Dental Disease Prevention Program. The weekly fluoride mouthrinsing is a very important component and is the one part that requires parental permission. Students at Blessed Sacrament Parish School (K-8) can keep their teeth protected against cavities with the help of a weekly fluoride rinse.

Fluoride mouthrinse can reduce tooth decay, on an average, by more than one-third. It is safe, easy, and there is no cost to you. With fluoride, teeth actually become stronger and harder to destroy. Fluoride decreases demineralization when the tooth is exposed to decay-causing acids and helps remineralize the enamel surfaces in beginning cavities.

San Diego County water currently has too little fluoride for good protection from tooth decay. Until fluoride levels in the water are adjusted to the optimal amount that protects teeth, Tuesday fluoride day at BSPS remains an important part of the effort to have your child cavity-free. Due to funding constraints, only 20% of San Diego County school children in Grades K-6 are a part of the in-school fluoride program. Luckily, BSPS is able to participate through the San Diego City Schools’ **“Happy Smiles”** Program.

Please sign and return the bottom portion of this letter. **We ask you to return one form for each child regardless of a yes or no.** If you have questions please call the school nurse. Thank you for your help and the continued encouragement you provide to your child in practicing good dental hygiene.

PLEASE SIGN AND RETURN TO SCHOOL IMMEDIATELY

2009-2010

Please check “YES” or “NO” when completing the form. **One form is needed for EACH child.**

() Yes, I want my child to have the weekly Fluoride Mouthrinse.

() No, I do not want my child to have the weekly Fluoride Mouthrinse.

CHILD’S NAME _____ GRADE (09-10) _____

CHILD’S ADDRESS _____

DATE OF BIRTH _____ DAY TIME PHONE _____

SIGNATURE OF PARENT/GUARDIAN _____

