



Dear Parent or Guardian:

Our school has an opportunity to participate in a Weekly Fluoride Mouthrinse Program again this year. The program will be coordinated and funded by the Massachusetts Department of Public Health Office of Oral Health for grades 1-5.

The Food and Drug Administration has approved the 0.2% weekly sodium fluoride mouthrinse as a safe and effective means of preventing tooth decay. This simple method of applying fluoride has been demonstrated to be safe and effective in reducing tooth decay 20%-40%. Under supervision, participating students will rinse their mouths in school with 10ml (2tsp) of 0.2% neutral sodium solution for one minute each week. The solution is not swallowed. There are no known adverse effects associated with this procedure.

This program will help to improve the dental health of your child, although it will not take place of regular dental check-ups and proper tooth care at home.

FLUORIDE MOUTHRINSE IS BENEFICIAL. IT IS NOT MEANT AS A SUBSTITUTE FOR ANY OTHER FLUORIDE YOUR CHILD MAY BE GETTING, EITHER BY FLUORIDATED WATER, FROM YOUR DENTIST, OR BY PRESCRIPTION.

Participation in the mouthrinse program is voluntary and there is **not a cost** to you. We encourage you to allow your child to participate in this valuable health program. Your child can participate in this program only if you give your permission by signing and returning the bottom half of this letter to your child's teacher by **October 8th 2010** please return the slip whether you check "yes" or "no"

If at any time you have a question about the program, you may call Cathy Alix RN or Marylee Mutrie RN. 508-543-2508 ext 360 or 361.



_____ 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.

Name of student _____

Signature of Parent /Guardian: _____

Teacher _____ Room _____ Date _____

Signature: _____