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DEPARTMENT OF HEALTH

In cooperation with the Greenwich Public Schools, the Greenwich Department of Health offers a program of dental caries (decay) prevention, using a **weekly** sodium fluoride mouthrinse, in all public schools. **Tooth decay is the most common childhood chronic disease.** This effort is being carried out with the endorsement of the Connecticut State Department of Health Services, the United States Public Health Services and the Greenwich Dental Society.

The weekly use of a 0.2% neutral sodium fluoride mouthrinse during the school year has been shown to be an effective caries prevention procedure, which is simple to execute, inexpensive and adaptable to large numbers of children. It is complementary to existing professional dental programs involving the yearly application of topical fluorides, and is of value even in areas where fluoridated water is available. **The program is intended to enhance regular dental care and preventive procedures provided in the dental office.** Should you have any questions, you can consult with your family dentist or the Public Health Department, **Office of Dental health:**

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WEEKLY FLUORIDE MOUTHRINSE PROGRAM

PLEASE CHECK, SIGN, DATE AND RETURN TO THE DENTAL HYGIENIST

I have read and understand the information accompanying this form concerning the Fluoride Mouthrinse Program and:

YES, I would like my child to participate in the Fluoride Rinse Program.

NO, I would not like my child to participate in the Fluoride Rinse Program.

Name of Child: _____ Age: _____

Name of School: _____ Grade/Teacher: _____

Dentist's Name and Address (Please Print) _____

Signature (Parent or Guardian): _____ Date: _____

NOTE: SINCE CONTINUING PARTICIPATION IS BENEFICIAL, THIS PERMISSION SLIP WILL BECOME A PERMANENT PART OF YOUR CHILD'S RECORD. IT WILL REMAIN IN EFFECT UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN.

I am willing to help with this program at my child's school Telephone #: _____

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