

Print on your school letterhead

Dear Parent or Guardian:

As you know, (Enter your school name here) and the Missouri Department of Health and Senior Services offer an oral health program to help stop tooth decay. This program is called the Preventive Services Program (PSP). Due to Covid-19, our school has chosen not to participate in the oral health screenings completed through the program this year.

However, the PSP would still like to offer home care items and fluoride varnish. Both of these are important pieces of prevention. The fluoride varnish would either be sent home or applied at school. If sent home, the varnish would need to be applied by a parent or guardian, application instructions will be provided. If the varnish is applied at school, it will be applied by trained school staff or volunteer. Recommendations call for two fluoride varnish applications per year, approximately 3-6 months apart. Fluoride varnish is safe to use in stopping and reversing small areas of early tooth decay. Your child will also receive a free toothbrush, toothpaste, and info on oral health.

- Tooth decay is the most common childhood illness that can be stopped.
- Children in the U.S. miss over 51 million hours of school because of dental problems.
- Decay in baby and adult teeth can be painful. It can stop children from eating, speaking, sleeping, and learning.

This service does not replace a regular dental check-up. It is recommended to visit a dentist once a year.

There is **no cost** for the fluoride varnish treatment; but you must give your consent.

_____ **Yes**, I agree to **TWO** fluoride varnish applications for my child. The **FIRST** packet of fluoride varnish and instructions will be sent home with my child, or the varnish will be applied by school staff.
The **SECOND** packet of fluoride varnish will be sent home or applied by school staff in 3-6 months.

_____ **No**, I do not want my child to receive the fluoride varnish applications.

Child's Name: _____

Teacher: _____ Grade: _____

Health History

Has your child ever had major health problems? No: ___ Yes: ___ please explain: _____

Does your child have any allergies? No: ___ Yes: ___ please explain: _____

Parent/Guardian Signature: _____ Date: _____