

Flagstaff R&U/Eustis School Department Stratton School

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Michael P. Shea
Superintendent

Barry London
Principal

October 19, 2017

Dear Parents/Guardians:

Stratton School is pleased to announce that we will be participating with the Maine Oral Health Fluoride Varnish Program for students pre-k to 6th grade.

Fluoride varnish is a coating that is painted on teeth. It helps to prevent new cavities. It can also help stop cavities that have already started. It is sticky so it stays on the teeth longer than other kinds of fluoride treatments. It makes the outside of the teeth harder and helps to prevent decay. Because fluoride varnish slowly soaks into the teeth, it is a good way for the tooth to take in fluoride. Fluoride varnish has been found to reduce decay on tooth surfaces by 50% to 70%.

Fluoride varnish is completely safe. It has been used successfully since the 1960's. The varnish is painted on the teeth. It is quick and easy to apply and there is no pain. Teeth may look yellow for a short time after the fluoride varnish is painted on and the color will come off when the teeth are brushed.

The varnish program will consist of the following:

1. Basic Oral Screening
2. Fluoride Varnish Application
3. Oral Health Education
4. Referral as Needed

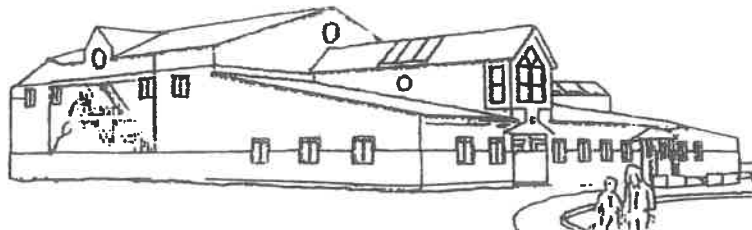
If you would like to take advantage of this program, please sign the permission slip on the back of this letter and return it to the school by **MONDAY, OCTOBER 30, 2017**.

The program is sponsored by the Maine CDC Oral Health Program. Fluoride varnish is approved by the Food and Drug Administration and is endorsed by the American Dental Association. There is **NO CHARGE** for this program.

Sincerely,



Trisha Lebeda, RN



"A committed and caring community"



Fluoride Treatment at School

2017-2018 School Year

Your child can get a **FREE** fluoride varnish treatment at school. With your permission, a health professional will provide a dental screening and apply a fluoride varnish treatment twice during the school year.

This program does not take the place of regular check-ups at a dental office.

Please complete entire form as all information is required:

Yes, I give permission for my child to take part in this program

Child's Name _____ Grade _____ Birth Date ____/____/____

Child's Dentist _____

Parent/Guardian Signature _____

1. When was the last time your child went to the dentist?

In the past year

More than one year ago

Never

2. Does your child have?

MaineCare (Medicaid)

Dental Insurance

No Dental Insurance

If you have any questions regarding this form, please contact your child's school nurse.

This program receives funding from Maine Center for Disease Control & Prevention, Maine Oral Health Program.