

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_



# Fluoride Treatment at School

Stratton School Pre-k through 6<sup>th</sup> graders

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 to help strengthen the teeth.

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 want my child to get a dental screening and fluoride treatment at school. Program runs twice during school year, Once in the fall and once in the spring.
- No**, I do not want my child to get a fluoride treatment at school.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female Birth Date \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Child's Dentist \_\_\_\_\_

**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

**3. List your child's health problems or allergies:** \_\_\_\_\_

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.