

## WEEKLY FLUORIDE MOUTHRINSE PROGRAM

Dear Parent/Guardians,

Our school has an opportunity to participate in the Weekly Fluoride Mouthrinse program. The program will be coordinated and funded by the Massachusetts Department of Public Health, Office of Oral Health.

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 2 teaspoons of 0.2% neutral sodium fluoride solution for one minute each week. The solution is not swallowed.

The Food and Drug Administration has approved the 0.2 weekly sodium fluoride mouthrinse as a safe and effective means of preventing tooth decay. There are no known adverse effects associated with this procedure.

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

**FLUORIDE MOUTHRINSING 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 no cost to you.** Your child can receive this program only if you give your permission by signing and returning the bottom half of this letter to your child's teacher.

**\*\*PLEASE RETURN THE SLIP WHETHER YOU CHECK "YES" OR "NO" \*\***

If you have questions about the program, call the school nurse at 863-7441.

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**P.S. VOLUNTEERS ARE NEEDED!! I am looking for some volunteers to assist with fluoride prep and delivering trays to the classrooms. It should take about one hour a week. Please call if interested**

\_\_\_ **YES, I WOULD LIKE** my child to participate in the weekly fluoride program.

\_\_\_ **NO, I WOULD NOT LIKE** my child to participate in the weekly fluoride program.

Name of Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like this document translated please contact:

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Si usted desea que este documento sea traducido por favor contáctese:

Office of English Language Learner Coordinator, 413-695-9593