Print on your school letterhead

Dear Parent or Guardian:

(Enter your school name here) and the Missouri Department of Health and Senior Services offer an oral health program to help stop tooth decay. The program is offered to **all** children in Missouri, including those who visit a dentist every year.

A dentist or hygienist will do an oral screening for your child’s teeth. A trained volunteer will put a thin coat of fluoride varnish on your child’s teeth to help stop tooth decay. The fluoride varnish will be put on **two** times during the school year. Fluoride varnish is safe to use in stopping and reversing small areas of early tooth decay. Your child will also receive a free toothbrush 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 and can stop children from eating, speaking, sleeping, and learning.

**\*This service does not replace a regular dental check-up.\***

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

\_\_\_\_\_ **Yes**, I want my child to receive a dental screening and **two** thin coats of fluoride varnish, about three to six-months apart.

\_\_\_\_\_ **Yes**, I want my child to have the dental screening, but I do not want my child to have the fluoride varnish.

\_\_\_\_\_ **No**, I do not want my child to be screened by this program.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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