

NC Department of Health and Human Services
Division of Public Health
Oral Health Section

Permanent Permission for Fluoride Mouthrinse

Dear Parent:

Together, we are trying to help your child enjoy good dental health. Today, 50 percent of school-age children have tooth decay. This is an improvement over past years. However, tooth decay still causes poor health, pain and loss of time from school. The cost of treating this disease is high.

The use of fluoride is the best way to prevent tooth decay. Your child may be getting fluoride from your community water. He or she may also receive additional benefits from fluoride applied directly to the teeth. Examples are: fluoride toothpaste, fluoride mouthrinse and dental office fluoride applications.

In cooperation with your child's school, the NC Oral Health Section is offering a weekly fluoride mouthrinse program to help your child have healthy teeth. Fluoride mouthrinse has been thoroughly tested and is safe. It is a very good program to help prevent tooth decay. Under the teachers' direction, students rinse with the mouthrinse once each week.

THE BENEFITS OF THE FLUORIDE MOUTHRINSE PROGRAM ARE IN ADDITION TO BENEFITS RECEIVED FROM DRINKING FLUORIDATED WATER AND RECEIVING FLUORIDE APPLICATIONS IN THE DENTAL OFFICE.

Please fill out the form below and return to your child's teacher tomorrow.

Permanent Permission for Fluoride Mouthrinse

(Please check one)

_____ **Yes**, I want my child to participate in this dental program until he or she ages out of the program. I understand that I may withdraw this permission at any time by notify the school in writing.

_____ **NO**, I do not want my child to participate in this dental program.

Signature of Parent or Guardian _____ Date _____

Name of Child _____ Age _____
(Last) (First) (Middle Initial)

Name of School _____

This form should be filed with the student's permanent Records and kept until he or she ages out of the program.

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Ntawv Tsocai Siv Tshuaj Fluoride Yaugncauj

Hawm txog Tsoom Niam Txiv:

Uake, peb xav pab kom koj tus menyuam cov hniav zoo nkauj tsis muaj mob dabtsi (good dental health). Niaj hnuv no, 50 feem ntawm ib puas tus menyuam kawmntawv muaj hniav phom uas muaj kab noj tsis zoo. Kev mob hniav li no, twb yog mob tsawg lawm ntau yog muab piv rau yav tag los. Niaj hnuv no, hniav phom yeej tseem yog ib qhov teebmeem ua rau menyuam cov hniav tsis zoo, mob, thiab ncuu sijhawm tuaj tsis tau kawntawv. Tsis li xwb, tus nqi mus cuag kws tshuaj kho hniav los kim kawg thiab.

Kev siv tshuaj fluoride yaugncauj yog ib txojkev uas pab npaj kom tsis txhob mob hniav. Tej npam nej cov menyuam twb tau tshuaj fluoride los ntawd cov dejhaus lawm, cov tshuaj txhuan hniav, tshuaj fluoride yaugncauj lossis tsev kho hniav muab tshuaj fluoride tso rau cov hniav lawm.

Cov tshuaj fluoride siv yaugncauj no, twb tau muab los sim siv lawm. Nws tsis muaj teebmeem tabsi. Kev siv tshuaj fluoride yaugncauj yog ib txog kev zoo los pab kom tsis txhob mob hniav. Txojkev siv tshuaj fluoride los yaugncauj tau kev pom zoo los ntawm cov tsavxwm hauv NC Kev Kuaj Hniav (NC Oral Health Section). Ib asthiv twg, tus xibfwb yuav qhia cov menyuam kawmntawv uas niamtxiv tsocai rau siv tshuaj fluoride yaugncauj ib zaug.

QHUV ZOO, KEV PAB UAS YOG LOS NTAWM SIV TSHUAJ FLUORIDE YAUGNCAUJ LOS NWS YOG KEV PAB NTXIV RAU LWM TXOJ KEV UAS TAU TSHUAJ FLUORIDE XWS LI COV DEJHAUS THIAB TAU TSHUAJ FLUORIDE LOS NTAWM TSEV KHO HNIAV LOS.

Thov teb cov lus nug hauv qab no es muab xa tuaj rau koj tus menyuam tus xibfwb qhia ntawv tagkis.

Ntawv Tsocai Siv Tshuaj Fluoride Yaugncauj Mus Tag Li

(Thov kos ib qho hauv qab no)

_____ **Pom Zoo**, Kuv xav kom kuv tus menyuam koom nrog qhov kev yaugncauj no kom txog thaum nws muaj hnuv nyoog txaus tsis tag yaugncauj ntxiv lawm. Kuv paub tias, kuv muaj cai rho qhov kev tsocai no txhua lub sijhawm, yog kuv sau ntawv tuaj qhia rau tsev kawm ntawv paub.

_____ **Tsis Pom Zoo**, Kuv tsis xav kom kuv tus menyuam koom nrog qhov kev yaugncauj no.

Niamtxiv/Tus Saibxyuas Kos Npe _____ Hnubtim _____

Menyuam Npe _____ Hnubyug _____
(Xeem) (Lub Npe) (Npe NrubNrab)

Tsev Kawmntawv Npe _____

**This form should be filed with the student's permanent
Records and kept until he or she ages out of the program.**