



Dear Parent or Guardian:

A preventive oral health program is available through the Missouri Department of Health and the Keytesville R-III School. This program is offered to all children in the State of Missouri, including those who receive regular dental care.

A licensed dental professional will provide an oral screening for your child and a trained volunteer will apply a thin coating of fluoride varnish to your child's teeth as a preventative measure against tooth decay. This thin coating of fluoride varnish will be applied **twice** during the school year. Fluoride varnish has been proven to be safe and effective in preventing and reversing small areas of early tooth decay. This preventive program also includes a free toothbrush and oral health information.

This service does not replace a regular dental check-up, which is recommended at least once a year.

To receive this no cost screening and fluoride varnish application, you must provide consent.

_____ Yes, I want my child to receive a dental screening and two applications of fluoride varnish, approximately 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 participate in this program.

Child's Name: _____ **Age:** _____ **Grade:** _____

Health History:

Has your child ever had serious health problems? _____ Yes _____ No

If yes explain:

Does your child have any allergies? _____ Yes _____ No

If yes explain:

Parent/Guardian Signature: _____ **Date:** _____