(Enter your logo here)

 **What is fluoride varnish?**

Fluoride varnish is a coating that is painted on a child’s teeth to prevent or stop cavities

**Why is fluoride varnish recommended?**

Cavities can cause pain and infections that can be bad for children’s general health and lead to problems with eating, speaking, playing, and learning. Fluoride varnish makes teeth stronger, stops cavities from getting bigger, and prevents new cavities from forming.

**Is fluoride varnish safe?**

Yes. Fluoride varnish is safe for children of any age; it is used on babies from the time their first teeth come in.

**How is fluoride varnish put on teeth?**

Fluoride varnish is painted on teeth with a brush. Your school health staff is trained and can do it easily and quickly. There is no pain and the varnish does not taste bad. The varnish may change the color of the teeth just after it is applied. Some kinds of varnish will make the teeth look yellowish, other kinds may make the teeth look less shiny. These changes are normal, and will go away when you brush your child’s teeth the next day.

**How long does fluoride varnish last?**

The varnish sticks to the teeth until it is brushed away the next day, but the fluoride keeps working for several months to protect teeth. Varnish works best if it is painted on teeth 2 to 4 times a year, as recommended by your child’s health care provider.

 **HELPFUL TIPS FOR AFTER VARNISH APPLICATION**

Wait until the next day to brush your child’s teeth.

Give your child only soft foods for the rest of the day after treatment. Avoid giving your child hot, hard, or sticky foods after the fluoride varnish application. Hard or chewy foods might chip the varnish off.

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_ Age: \_\_\_\_ SEX\_\_\_\_\_\_\_\_**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone (Daytime): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ALL MEDICAL INFORMATION MUST BE COMPLETED**

1. Is child in good health? **YES NO**

2. Is child under a physician’s care now? **YES NO**

 If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is child taking any medication at this time? **YES NO**

 If yes, please list medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please circle any illnesses or conditions your child has

 EVER had:

Tuberculosis Hepatitis Asthma

Rheumatic Fever Anemia Heart Murmurs

Epilepsy Seizures Convulsions

Kidney Problems Liver Disease Diabetes

Immune Disorders Food Allergy Glaucoma

5. Other health problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. List other allergies: **YES NO**

7. Has your child ever had prolonged bleeding after

 Surgery? **YES NO**

8. When was the last time your child receive a fluoride varnish application?

 Estimated date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With your consent your child will be provided with a dental screening, oral hygiene education, and topical fluoride varnish. Please sign the following statement and return it to school for your child to receive prompt services. Thank you for your participation.

**There is no cost for this service**

School-Based Oral Health Program