

Dental Screening and Fluoride Permission Form

Dear Parent or Guardian:

Your child is invited to receive a free dental screening and fluoride application.

The dental screening is not a complete dental exam and is not intended to take the place of your child's regular dental visits. The screening will be performed using disposable gloves and a disposable dental mouth mirror. After the screening, fluoride varnish will be applied to your child's teeth to help prevent tooth decay. A note will be given to you stating the results of the dental screening.

Yes, I would like _____ to participate in the dental screening and fluoride program. (Child's Name)

(Child's name)

(Child's name)

(Child's name)

Parent/Guardian signature

