

Fluoride Varnish Program Consent Form



Oldham
Council

Childs details

Full Name: _____ D.O.B: _____

Please complete this form even if your child has a Dentist or you do not wish for Fluoride to be applied and return to Early Years Setting.

Dental Examinations

YES

NO

Dental Fluoride Varnish Application – I consent to my child receiving fluoride varnish application.

Give permission for photographs of my child (not showing face/identifiable features) to be used by MyDentalBuddy to promote oral health programmes. (Optional)

Signed Parent/Carer _____ Date _____

Name of Parent/Carer _____ Phone number _____

Questionnaire

1. Has your child ever been hospitalised for asthma or an allergy in the last 12months?
(If yes, please give details below)

2. Is your child registered with a dentist, if so please provide dental surgery name below:

3. Has your child visited the dentist in the last 12 months? If so please provide date of last visit:

4. Has your child had fluoride varnish applied in the last 3 months?

What is Fluoride varnish?

Fluoride Varnish is a thin layer of fluoride that is applied to the teeth.

It is a golden/yellow colour and tastes very pleasant

Advantages of Fluoride Varnish:

It helps to prevent tooth decay

It strengthens tooth enamel

Fluoride Varnish reduces decay by up to 35% in addition with toothbrushing

Fluoride Varnish is applied in 3 easy steps:

1. Open wide

2. Dry teeth with a cotton wool roll

3. Apply a thin coating of fluoride on to the teeth with a little brush

Please note:

Fluoride Varnish Application will take place in your child's early years setting on:

