

NORTHAMPTON PUBLIC SCHOOLS
HEALTH SERVICES DEPARTMENT
380 Elm Street, Northampton, MA 01060
(413) 587-1361

Dear Parent or Guardian:

The Northampton School Department has an opportunity to participate in the Weekly Fluoride Mouthrinse Program which is coordinated and funded by the Massachusetts Department of Public Health, Division of Dental Health. During this school year, the mouthrinse program will be conducted in grades one through five (kindergartners do not receive fluoride), provided that enough volunteers can be found at each school.

This simple method of applying fluoride has been demonstrated to be safe and effective in reducing tooth decay 20% - 40%. Under the supervision of trained volunteers, students will rinse their mouths in school with 10 ml (2 teaspoons) of 0.2% neutral sodium fluoride solution for one minute each week. The solution is not swallowed.

The Food and Drug Administration has approved the 0.2% weekly sodium fluoride mouthrinse as a safe and effective means of preventing tooth decay. There are no known adverse effects associated with this procedure.

Although this program will help improve the dental health of your child, it should not take the place of regular professional dental check-ups and proper tooth care at home. Fluoride mouthrinsing is a helpful addition to any other fluoride benefits your child may be receiving, such as fluoridated water, fluoride tablets, fluoride toothpastes, or fluoride applications given by your dentist. Because it is not swallowed, fluoride mouthrinse can be used in conjunction with other fluoride treatments.

Participation in this mouthrinse program is voluntary and there is no cost to you. We encourage you to allow your child to participate in this valuable health program. Your child can participate only if you give your permission by signing and returning the bottom section of this letter to your child's teacher. Please return the slip whether you check "Yes" or "No".

If you have any questions or concerns about the program, please call the Director of Health Services, at 587-1361.

Please sign the form below and return it to your child's teacher immediately.

 Yes, I would like to have my child participate in the weekly fluoride mouthrinse program.

No, I do not want my child to participate in the weekly fluoride mouthrinse program.

Name of Student

Signature of Parent/Guardian

Teacher/Room/Grade

Date

Fluoride Volunteer Information

I am interested in volunteering as a fluoride mouthrinse monitor at my child's school, please contact me.

Name

Address

Telephone Number

School