

ORANGEVILLE COMMUNITY UNIT SCHOOL DISTRICT #203
310 S. East St.
Orangeville, IL 61060
Tel.: 815-789-4450 Fax: 815-789-4607

Dr. Douglas DeSchepper
Superintendent
Tel: 815-789-4289/Fax: 815-789-4709

Dr. Douglas DeSchepper
Elementary Principal
Tel: 815-789-4450/Fax: 815-789-4607

Andrew Janecke
Jr.-Sr. High Principal
Tel: 815-789-4289/Fax: 815-789-4709

Orangeville School District
Fluoride Mouth Rinse Program – Information and Consent
2018-2019

Dear Parent,

We will be offering fluoride mouth rinse to students in 1st through 5th grade. The cost is \$3.00 for the school year.

This fluoride program is designed to help reduce dental decay. Under supervision and with your permission, your child will rinse once a week with a 0.2% neutral sodium fluoride mouth rinse solution. The solution is not swallowed. There are no known adverse effects associated with this procedure.

Fluoride mouth rinse is a topical application of fluoride that helps strengthen the outside surfaces of the teeth. This program will help improve the dental health of your child, although it does not take the place of regular dental check-ups and proper tooth care at home. Please check with your child's dentist if you have questions about your child participating in the fluoride mouth rinse program.

Your child can participate in this program only after permission slip and payment are received. If you have any questions about this program, please call:

Kathy Sheriff, School Nurse 815-789-4450

Annual Permission for Fluoride Mouth Rinse

_____ YES, I want my child to participate in this weekly dental program until the end of the school Year, at the cost of \$3.00. I understand that I may withdraw this permission at any time by notifying the school office in writing.

_____ NO, I do not want my child to participate in this dental program.

Name of child (First and Last)

Grade/Teacher

Parent signature

Date