SCHOOL BASED FLUORIDE RINSE PROGRAM

Your child’s school, with the assistance of the PTO is offering a *weekly* School Based Fluoride Rinse Program for *grades 1, 2, 3, 4, and 5th*.

**There is no cost for your student to participate in the program.** Donations are appreciated. If you would like to make a Donation please make a check payable to Park City School District (Fluoride Program).

Fluoride rinses will be held *once every week* starting October through May.

Fluoride comes in two forms:

**Systemic Fluoride** (tablets or fluoridated water) is swallowed and benefits the developing teeth before they come into the mouth.

**Topical Fluoride** (mouth rinses, toothpaste, or gel) benefits the teeth that are already in the mouth.

- Topical fluoride hardens the teeth already in the mouth, thereby making them more resistant to tooth decay.
- Topical fluoride can repair the earliest stage of decay before it turns into a cavity that needs to be filled.
- Tooth decay is still one of the most common diseases affecting school age children. This is decreasing due to the increasing use of topical and systemic fluoride.
- Using both systemic and topical fluoride may reduce dental decay in children by as much as 80%.
- Week Fluoride mouth rinsing alone reduces cavities by an average of 25%.
- Children whether getting fluoride at home or not, can benefit by the mouth rinse.

Please complete the form below and return to the school.

________ No, I would *not* like my child to participate in the weekly fluoride mouth rinse program.

________ Yes, I would like my child to participate in the weekly fluoride mouth rinse program.

Circle the School your child attends:

- Jeremy Ranch
- McPolin
- Parley’s Park
- Trailside

Student’s Name ___________________________ ___________________________ ___________________________

 Last  First  Middle

Student’s Grade ____________  Student’s Teacher ___________________________

Parent’s Signature __________________________________________ Date ____________

*Volunteers* trained to administer the mouth rinse are vital to the success of the program. If you are willing to assist please indicate a phone number where you can be reached during the day.

Name ___________________________  Phone # ___________________________