

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 #** _____

