



Fluoride Varnish Application Consent Form

Dear Parent/Caregiver:

A licensed health professional will be applying fluoride varnish to your child's teeth as a means of preventing tooth decay (cavities).

Fluoride varnish is a protective coating that is painted on teeth. The varnish releases fluoride over a period of time, which strengthens teeth and prevents tooth decay. Tooth decay is the most common chronic disease found in children.

For your child to receive the fluoride varnish you will need to give permission by completing the form below.

____ YES I would like my child to receive the fluoride varnish application

____ NO I do not wish for my child to receive the fluoride varnish application

Child's name

____/____/____
Date of Birth

____ Male
____ Female

Does your child see a dentist at least once per year? ____ YES ____ NO

If Yes, name of dentist : _____

Signature of Parent/Caregiver

Date

Please print name of Parent/Caregiver

Date