

**Northern York County School District  
Fluoride Permission Form**

To: Parents/Guardians of Elementary Students

From: Elementary Health Room Nurses

The Northern York County School District is offering a very valuable health service to students.

Children in grades 1 through 5 will have the opportunity to receive a chewable fluoride tablet per day, with parental permission. Your child's teacher will give these tablets to your child each day. Clinical studies have shown that these tablets will reduce the incidence of tooth decay and are especially valuable to small children when their teeth are developing.

Parents, please check with your family dentist or physician about taking fluoride supplements at home on a daily basis. Children presently taking fluoride as prescribed by a dentist or physician should **NOT** receive the additional amount and should **NOT** be enrolled in the program.

Due to scheduling of the school day, your child will receive a fluoride tablet at approximately 9:00 AM. For optimum absorption of the fluoride, your child should have breakfast by 8:00 AM. If breakfast is given later, there will be no harm to your child, however the maximum benefit of the fluoride may not occur.

Please complete the lower portion of the form and return it to school promptly.

Thank you for your cooperation.

=====Detach Here=====

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**I would like my child to participate in the fluoride supplement program. My child is not taking any fluoride supplements at home. I understand that my child will receive one fluoride tablet (1.0 mg) on each school day throughout the current school year, from early October until the end of May.**

**I am not interested in this fluoride program for my child.**

**My child is already receiving fluoride supplements.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date