

Dear Parent or Guardian:

Your child's school will be providing free oral health screenings. This screening by a Registered Dental Hygienist is not a substitute for an examination by a dentist and will in no way interfere with any treatment received from a dentist. A copy of the screening report will be sent home with your child.

Kansas State Statute 72-6251 requires all district students to be screened unless there is parent / guardian notification otherwise. **If you do not want your child to participate in this free oral health screening, please fill out the bottom portion of the letter.**

In addition to the oral health screenings, fluoride varnish applications will also be available at **no cost to the student**. The application takes less than 1 minute, is painless, and works to strengthen the tooth and prevent cavities. Your child can benefit from fluoride varnish even if he/she already uses fluoride toothpaste or drinks fluoridated water. If your child has a dental home and receives regular fluoride varnish at their dentist's office, you may choose to decline the fluoride varnish services.

In order for your student to receive the fluoride application at **no cost to the student**, the "Consent for Fluoride Application" on the back of this letter will need to be completed and returned by **October 25th, 2024**.

Your child's school will be screened on **November 11th-14th, 2024**.
Thank you for your cooperation!

Sincerely,

Zena Reitano-Nesting
School Nurse

Only sign here if you do NOT want your child to be screened

School: _____ Teacher: _____ Grade: _____

Student's name: _____

Parent/Guardian Signature: _____

Fluoride Varnish consent is on the back

