

Fluoride Mouth Rinse Consent Form 2017-2018

Only for Students 1st-5th grade

Student Name: _____ Grade: _____ Teacher: _____

_____ I give consent for my above-named child to participate in the school fluoride mouth rinse program.

_____ My child may NOT participate in the fluoride mouth rinse program.

Parent/Guardian Signature: _____ Date: _____

_____ I would like to assist with the fluoride rinse program. I am available on:

Day of the week (circle): Mon Tue Wed Thurs Fri

Time of day: _____ AM _____ PM

Name: _____ Phone: _____

E-mail: _____