Fluoride Mouth Rinse Consent Form

 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: