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: