

Fluoride Mouth Rinse Consent Form 2018-2019

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: _____