

**Ohio Department of Health**  
**School Fluoride Mouthrinse Program**

Dear Parent,

In cooperation with the Ohio Department of Health (ODH), your school is offering a supervised fluoride mouthrinse program. This program provides an effective measure to prevent tooth decay. Children who participate in the program are closely supervised while they swish with two teaspoons of a .2% sodium fluoride rinse. The rinse is swished in the mouth for one minute and then emptied into a cup that is thrown away. The mouthrinse is provided once a week throughout the school year.

The fluoride mouthrinse program works well with other decay preventive measures such as fluoride toothpaste, professionally applied fluoride treatments or dental sealants (plastic coatings painted onto back teeth to seal out the food and germs that cause decay). Together, fluorides and sealants offer the best protection against tooth decay.

The fluoride mouthrinse program does not take the place of good home care, a proper diet and regular dental visits. Participation in the fluoride mouthrinse program is voluntary. Your consent will allow for your child to participate in the fluoride mouthrinse program (which is administered in accordance with the Ohio Revised Code section 3701.136) as long as your child attends this school unless you specify otherwise on this form. You may withdraw your consent for participation at any time.

If you have questions about the fluoride mouthrinse program, please contact Janet Pierson, RDH, BS, School-Based Oral Health Program Coordinator: [Janet.Pierson@odh.ohio.gov](mailto:Janet.Pierson@odh.ohio.gov) or 614.466.4180.

Sincerely,



Mark D. Siegal DDS, MPH, Chief  
 Bureau of Community Health Services

Please complete and return this form to the school tomorrow.

I give consent for my child to participate in the Fluoride Mouthrinse Program and understand that the mouthrinse. (two teaspoons of a .2% sodium fluoride rinse) will be offered once a week for each week the school is in session. \_\_\_\_\_

I do not give consent for my child to participate in the Fluoride Mouthrinse Program.

Child's Name	Last	First	Middle	Age
Address	Street	City	State	Phone
Teacher's Name	School Name		Grade	
Parent/Guardian Signature		Date		

This consent form must be retained by the school.

