



oral health care for children
• oral health task force •

Fluoride Varnish Application Consent

Dear Parent/Caregiver:

A Licensed Hygienist will be applying fluoride varnish to your child's teeth as a means of preventing tooth decay.

Fluoride varnish is a protective coating that is painted on the teeth. The varnish will release fluoride over a period of time, which strengthens teeth and helps prevent future decay.

Please sign below giving consent to provide treatment today. By signing, you are giving consent to apply fluoride varnish.

I thoroughly read and understand the indications, risks, benefits, and procedures of the fluoride varnish application.

Name of Child: _____ Child's Grade: _____

Email Address: _____

Phone Number: _____

Signature: _____ Today's Date: _____

Please return this form only if you would like your child to have fluoride



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