

LACKAWANNA TRAIL ELEMENTARY CENTER

Dear Parent or Guardian,

A very valuable health service is being offered to you by the Lackawanna Trail School District.

With parental permission, children in Kindergarten and Grades 1-6 will have an opportunity to receive one fluoride tablet (1mg) per day. Clinical studies have shown that these tablets will reduce the incidence of tooth decay 20-50% and are especially valuable to small children when their teeth are developing.

These tablets will be given to your child each school day by his/her teacher. Dr. Thomas Dell'Aglio DDS, Dental Consultant for the Lackawanna Trail School District has approved this program and recommends it for those children whose parents wish them to have it.

Please complete the lower portion of this form and return it to school promptly.

Thank you for your cooperation.

Sincerely,

Maureen Mahoney
Elementary School Nurse

LACKAWANNA TRAIL ELEMENTARY CENTER

Name of Student

Teacher

Check one:

- a. _____ I give consent for my child to have daily fluoride tablets in school.
- b. _____ My child is now taking fluoride and will continue to take daily fluoride tablets or a fluoride vitamin at home
- c. _____ I do not want my child to participate in this program.

With this consent, your child will receive the fluoride tablet every school day until the last school day of 6th grade. If at any time you wish to withdraw your child from this program, please notify the school nurse and your child's teacher in writing.

Date

Signature of Parent/Guardian