

Southern Fulton School District

3072 Great Cove Road Warfordsburg, PA 17267 Elementary School Phone (717) 294-3400 Elementary Fax (717) 294-6428 TARA WILL Superintendent KATHY CUTCHALL Elementary Principal

SCHOOL DISTRICT FLUORIDE TABLET PROGRAM CONSENT FORM

Dear Parent/Guardian:

Sincerely

Our school district is offering a valuable health service for your child. With parental permission, children who do not have a fluoridated water supply will have the opportunity to receive one fluoride tablet each school day. Studies have shown that these tablets will reduce the incidence of tooth decay and are especially valuable to young children when their teeth are developing.

Fluoride tablets should not be given to a child both at home and in the school on the same day. If your child is receiving fluoride tablets at home every day, he/she should not participate in the tablet program in school.

The tablets will be given to your child each school day by his/her teacher. The dentist for the school district has approved this program and recommends it for those children who do not have a fluoridated water supply available.

Please complete the lower portion of this form and return it to the school promptly. Thank you for you cooperation.

Sincerery,		
Sandra Crouse, School Nurse		
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Name of Child:	Grade	Homeroom:
() I would like my child to partic above.	ipate in the School Fluoride Ta	ble Program as described
() I am NOT interested in the Sch	hool Fluoride Tablet Program fo	or my child.
() My child is currently taking flu	uoride tablets at home.	
 Date	Signature of Parent/Guar	dian