

Berlin Central School District School Health Services

SWISH PERMISSION FORM

Dear Parent / Guardian:

The Berlin Central School District, in cooperation with the New York State Department of Health, is again offering to all students a fluoride mouth-rinse program to help reduce dental decay. This program has been offered in this district since 1975.

This program is very important to the dental health of your child. Participation is entirely voluntary and without cost to you. We encourage you to allow your child to participate in this valuable health program. This preventative program, however, does not take the place of regular care by your dentist.

Please complete the attached form and return it to the health office. If you have any questions or would like more information, please contact the School Nurse or Health Office Assistant.

Child's Name: _____ Grade: _____

Child's Teacher/Homeroom: _____

___ I DO want my child to participate in the sodium fluoride mouth-rinse program.

___ I DO NOT want my child to participate in the sodium fluoride mouth-rinse program.

Parent/Guardian Signature

Date

Please complete and return by September 10, 2004. Thank You!