Fluoride Varnish Consent Form

A licensed health professional will be applying fluoride varnish to your teeth as a means of preventing tooth decay (cavities).

Fluoride varnish is a protective coating that is painted on teeth. The varnish releases fluoride over a period of time, which strengthens teeth and prevents tooth decay. Tooth decay is the most common chronic disease found in children.

For you or your child to receive the fluoride varnish you will need to give permission by completing the form below.

___ YES I would like my child/myself to receive the fluoride varnish application
___ NO I do not wish for my child/myself to receive the fluoride varnish application

_____	___/_____/_____	___ Male
Name of person receiving Fluoride varnish	Date of Birth	___ Female

Does the person receiving fluoride varnish see a dentist at least once per year?
___ YES ___ NO
If Yes, name of dentist: _____

_____ _____
Signature of Parent/Caregiver/Self Date

_____ _____
Please print name of Parent/Caregiver/Self Date