CAZENOVIA CENTRAL SCHOOL DISTRICT

CAZENOVIA, NEW YORK 13035-1098

Website: www.caz.cnyric.org

Robert S. Dubik
Superintendent
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Mary-Ann MacIntosh
Burton Street Elementary Principal
A NYS School of Excellence
(315) 655-1325
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September, 2011

Dear Parent,

The Cazenovia Central School District, in cooperation with the New York State Department of Health and the New York State Department of Education is offering to elementary school students a fluoride mouth rinsing program to prevent dental decay.

This simple method of applying fluoride is safe and effective in controlling tooth decay, and requires only a few minutes of classroom time. Participants will rinse their mouths in school under direct supervision with a 0.2% neutral sodium fluoride solution for one minute once a week.

A Preventive Program is very important to the oral health of your child. Results show that weekly fluoride mouth rinsing reduces tooth decay for your child. We encourage you to allow your child to participate in this valuable dental health project, if they are not currently on a fluoride program. <u>If you are concerned that you may currently have a fluoridated water source, there are local laboratories that you may provide a water sample to for a reasonable fee</u>. Your child's participation is entirely voluntary and you may withdraw your child from the program at any time. For the current school year the program will be completely funded by the New York State Department of Health, Bureau of Dental Health and your child may participate at <u>NO COST</u>. This Fluoride Rinsing and Education Program is, however, in no way a substitute for routine dental care. Your child must continue proper home care and routine dental checkups. Please read and return the completed form without delay to your child's teacher.

Sincerely,

Mary-Ann MacIntosh, Principal

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Cynthia Hirt, School Nurse

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PARENTAL PERMISSION FORM

Self-Applied Fluoride Education and Rinsing Program (SAFER)

_____ I give permission for my child to participate in the Fluoride Mouthrinse Program.

_____ I <u>do not</u> want my child to participate in the Fluoride Mouthrinse Program.

_____ My child is currently on a fluoride program.

Parent/Guardian Signature	Date
Address	Phone Number
Child's Name	Grade/Teacher

YOUR PROMPT RESPONSE IS APPRECIATED. PLEASE COMPLETE AND RETURN BY <u>TUESDAY, SEPTEMBER 20th</u>