

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

Name of person receiving
Fluoride varnish

____/____/____
Date of Birth

Male
 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