

**Fluoride Varnish Application**

**Consent Form**

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**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 your child to receive the fluoride varnish you will need to give

permission by completing the form below.

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\_\_\_ YES I would like my child to receive the fluoride varnish application

\_\_\_ NO I do not wish for my child to receive the fluoride varnish application

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Child’s name Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature of Parent/Caregiver Date

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Please print name of Parent/Caregiver