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**Mr. Russell Hughes**

*Superintendent of Schools*

**FLUORIDE MOUTHRINSE PROGRAM**

**SCHOOL: Freeport Elementary**

Dear Parent/Guardian:

The Walton County School District, in cooperation with the Walton County Health Department, is promoting a fluoride mouthrinse program to assist in the control of dental decay. Based upon the most recent manufacturer’s guidelines, students in grades 1st through 4th **may** participate.

The fluoride mouthrinse program has been demonstrated to be safe and effective in controlling tooth decay. The mouth rinse has proven to reduce cavities by 20 to 50 percent per year. Children who participate in the program will rinse weekly with a fluoride mouthrinse under school supervision. The individual unit doses of fluoride mouthrinse used in your child’s school are factory packaged and sealed, insuring proper dosage and sanitation.

**Participation is voluntary**. We encourage you to allow your child to participate in this dental program. If you **DO** want your child to participate, please indicate on the form below and return it to the school.

If you have any questions call your school’s nurse.

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**\_\_\_\_\_\_\_YES**, I do want my child to participate in the Dental Health Program.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***“Making All Decisions in the Best Interest of Students.”***

Mildred Wilkerson Faye Leddon Sharon Roberts Mark D. Davis Dennis Wallace

District 1 District 2 District 3 District 4 District 5