

WILD ROSE PUBLIC SCHOOLS
WILD ROSE, WI 54984

PARENTAL CONSENT FORM FOR THE SCHOOL
FLUORIDE MOUTHRINSE PROGRAM

(SINCE WE DO NOT HAVE FLUORIDE IN OUR WATER SUPPLY AT WILD ROSE SCHOOLS, WE OFFER A FLUORIDE MOUTH RINSE PROGRAM, THAT DISTRIBUTES A MOUTH RINSE TO APPROVED STUDENTS ON A WEEKLY BASIS)

Please fill out this form and return to the teacher. Please print the information and sign your name. Thank you.

Teacher _____

Grade _____

To the principal:

I DO give my permission to have _____
(child's first and last name)
participate in the school fluoride mouth rinse program. I understand I may withdraw my child from this program at any time.

I DO NOT give permission to have _____ participate
(child's first and last name)
in the school fluoride mouth rinse program. I understand I may add my child to this program at any time during the school year.

Date _____

School _____

Parent/Guardian Signature

Address

Phone _____