



## TOOTHBRUSHING PERMISSION SLIP

In response to the increasing number of young children with significant dental problems, We plan to institute a midday tooth brushing program. We hope you will allow your child to participate. Children will learn to brush their teeth and the importance of doing so. We have been trained by a health professional to ensure that the program will be safe and sanitary for all participating children.

CHILDS NAME: \_\_\_\_\_

- Yes, I would like my child to participate in the tooth brushing program (WATER only and fluoride toothpaste will not be used)
- No, I do not want my child to participate in the tooth brushing program.

Remember that midday brushing is IN ADDITION to brushing their teeth at home twice a day (in the morning and at night) and NOT INSTEAD OF. Thank you and please let me know if you have any questions.

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_