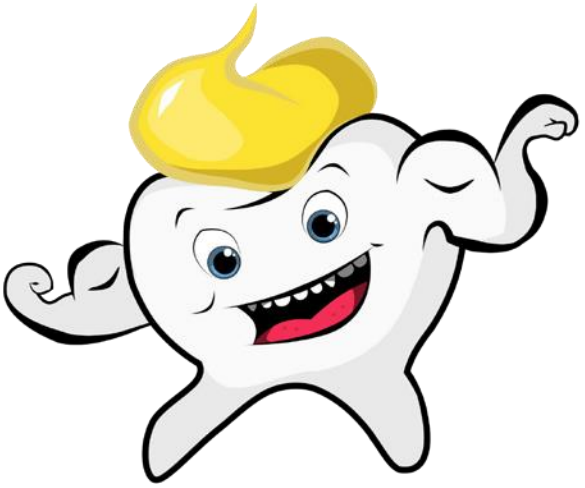
Top End Oral Health Service
(08) 8922 6466
PO Box 40596, CASUARINA NT 0811
www.health.nt.gov/oral_health

CONSENT FORM

Top End Oral Health Service
Fluoride Varnish Program



Dear Parent/Carer

Your child's school is taking part in a Fluoride Varnish Program, which aims to improve the dental health of local children.

The application of fluoride varnish is recognised as a safe and effective way for reducing dental decay. Fluoride varnish is a highly concentrated form of fluoride that is directly applied to teeth by a trained health professional. It forms a waxy coat that sticks to the teeth until it is worn off by chewing or brushing. Fluoride varnish is recommended for infants and children every 3 to 6 months, based on the risk of dental decay.

Fluoride varnish is complementary to other forms of fluoride use, such as fluoridated water and toothpaste. Fluoride varnish, in conjunction with fluoridated water, provides an additional amount of protection for the next few months to help stop the progression of early decay and assist in preventing new cavities.

TEOHS will support an Oral Health Therapist / qualified health professional to regularly attend your child's school to apply fluoride varnish. This dental visit will not replace your child's usual check-up and you are encouraged to make an appointment if your child has not had a check-up in the last 12 months.

Please inform the school if there are any changes to your child's medical history. If at any time, you wish to withdraw consent you can do so by contacting Top End Oral Health Service on **(08) 8922 6466.**

If you have any questions or would like to know more about the program, please call (08) 8922 6466.

Please sign the consent form overleaf and return it to your child's school.

NORTHERN TERRITORY GOVERNMENT

TOP END HEALTH SERVICE

CONSENT FORM

Top End Oral Health Services
Fluoride Varnish Program

HRN:

Full Name: (CHILD)	**Date of Birth:** (CHILD)
Address &/or PO BOX	
Contact Phone No:	**Do you identify as** (please tick) **Aboriginal:** ☐ **Torres Strait Islander:** ☐

I agree for my child to have fluoride varnish applied 6 monthly at school. (Please tick below)

☐ YES ☐ NO

1. Has your child had fluoride varnish applied by a dental professional in the last 6 months?

☐ Yes ☐ No _____

2. Does your child have asthma?

☐ Yes ☐ No

3. Does your child suffer from any of the allergies below?

☐ Latex ☐ Band-Aids ☐ Pine Nuts ☐ Other _____

☐ **No known allergies**

4. Has your child been hospitalised for Asthma or allergies?

☐ Yes ☐ No

PLEASE PROVIDE DETAILS BELOW IF YOU HAVE ANSWERED YES TO ABOVE QUESTIONS:

STATEMENT OF PARENT/GUARDIAN

1. I have read and understood all the information in the leaflet provided, and I have had the opportunity to ask questions by contacting TE Oral Health Services (TE OHS) at (08) 8922 6466.
2. I understand that the procedure will not be carried out if my child has any issue that prevents the safe application of fluoride varnish.
3. I give permission for TE OHS to use my child's health information for the purposes of administration, monitoring and evaluation.
4. I understand this is **not a dental check-up**. Teeth will be visually examined only

Full Name: (Parent/Guardian)	**Date:**
Signature: (Parent/Guardian)	

(Office use only)

Year	Comments	Year	Comments