



Dear Parent or Guardian:

I am pleased to announce that the Logan County Health Department will be offering the KIDS SMILES program to children in preschool through fifth grade at Auburn School. This program provides free dental varnish to students. The process is short, pain free and will help prevent your child from getting cavities. Fluoride varnish is applied to their teeth with a small brush. After the varnish is applied, the child may have drinks of water, but may not eat or drink anything hot, sticky or hard for 4 to 6 hours, try not to brush their teeth for 24 hours. Their teeth may have a slight change in color that is only temporary. This is the varnish that has been applied and can easily be removed with brushing and flossing their teeth. Their teeth will return to their normal color in one day. Please complete the consent form on the bottom of this page and return entire page to school. Again, this program is offered twice per year, FREE of charge. **If your child participates with the Barren River District Health Department Mobile Dental Unit, and you completed the dental forms at the beginning of this school year, you may still sign them up for this service.**

Sincerely,

Amanda Smith, RN

KIDS' SMILES

Oral Health Screening, Fluoride Varnish Application, Education and Referral Program

Personal Record (as part of health record)

Child's Name: _____ **Birthdate:** _____

Teacher: _____

I understand that my child will be screened by Logan County Health Department staff. Fluoride varnish will be applied to my child's teeth, education materials and counseling will be provided concerning my child's and my own oral health, and a referral made to a local dentist if necessary. I understand that for the most benefit this program should be repeated every six months through the 5th grade. I understand that my child's teeth may be yellow for two or three days due to the varnish but will return to the original color. I understand that there will be no charge to me or my family for this service.

SIGNED: _____ **Date:** _____

(Parent/Guardian)