

Supervised Toothbrushing Programme

Date

Dear Parent/Guardian,

We are planning to roll out a toothbrushing programme in the setting. We would like to involve your child/children in toothbrushing here once a day, with a fluoride toothpaste. We will have received training to ensure we and the children undertake this safely - the children will be fully supervised by staff when they are brushing their teeth.

You can withdraw your permission at any time from the programme – please inform us to do so.

Please complete and return the below slip as soon as possible.

If you have any questions, please do talk to a member of the staff team.

Supervised toothbrushing programme

[I give / do not give] permission for _____ (Child/children's name/s)
to take part in supervised toothbrushing.

Signature: _____ Date _____

I confirm that I have parental responsibility for the above named child/children.

If your child is receiving prescribed fluoride supplements, then please talk to your dentist before allowing your child to participate in the supervised toothbrushing programme.