

## Fluoride Varnish Consent Form

The fluoride varnish program is an optional service we recommend to protect teeth from cavities and make them stronger.

Please read the information on the back of this page. If you would like your child to receive this service, complete and return this form. If you have any questions, contact us at 1-855-407-6453 or dentalhealth@nwhu.on.ca.

Please do not include any specific personal health information in your email. Call your local health unit office or call us at 1-855-407-6453 instead. When we receive your email, we will handle it according to our privacy policies. For more information, see the privacy section on our website at <u>www.nwhu.on.ca</u>.

Child's Name:	Parent/Guardian Name:	
Date of Birth(yyyy/mm/dd):	Home/Cell Phone:	
Address:	Work Phone:	
	Teacher Name:	Grade:
Does your child have an allergy to pine nuts, pine pollen, postage stamp glue or bandage adhesive (colophony/rosin)?  Yes  No		
Does your child have any other allergies? 🛛 Yes 🗌 No		
If yes, please list:		



Does your child have a Status Card? □Yes □No

Status Number:

Healthy MANE DOE smiles 12365 Ontario 2387 D No 508707/00450 (LIBT SUTY - NM- DD Down set (Librar Downlook SOUTIPES HSO Ontario 7480707/00400 (Ease Ontario 2007) Does your child have a Healthy Smiles Ontario (HSO) Card? ☐ Yes ☐ No HSO Number:

I have read the information on this form and/or have had fluoride varnish treatment explained to me. I have had the opportunity to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of fluoride varnish.

By signing, I give consent for my child to receive fluoride varnish treatment.

This consent is valid for one year, should there be any changes to the above information please let us know.

Parent/Guardian Signature

Date

By signing this form, I confirm I am the parent/legal guardian of the above named child, and have legal authority to grant this consent. This consent is uncontested by any other legal guardian entitled to provide his or her own consent.

Personal information is collected under the authority of the Health Protection and Promotion Act and related legislation and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act. We collect only the personal information needed to provide public health programs and to plan and evaluate our services. Your information may be shared with others as required or permitted by law. For more information contact the health unit at 1-855-407-6453 or see the privacy statement on our website at <u>www.nwhu.on.ca</u>.

# **About Fluoride Varnish Treatment**

#### What is fluoride varnish?

Fluoride varnish is a coating that protects teeth from cavities and makes them stronger.

### Why would I want my child to have fluoride varnish?

When applied at least twice per year, fluoride varnish has been proven to strengthen teeth and reduce cavities. This helps prevent needless pain and suffering.

#### How is fluoride varnish applied?

The process is quick, easy, and painless. Teeth are dried with gauze and fluoride varnish is painted on teeth with a small brush.

#### Is fluoride varnish safe?

There have been no side effects reported. There is the possibility of a reaction if there is an allergy to pine nuts, postage stamp glue, or bandage adhesive (colophony/rosin).

#### Who can have fluoride varnish?

Fluoride varnish is safe for children of all ages. It can be applied as soon as baby teeth start to appear in the mouth.

### Dental Services at Northwestern Health Unit

People of all ages who do not have dental insurance or are unable to access dental care due to financial difficulty may be eligible for free services offered by Northwestern Health Unit.

We can help eligible children access dental services and receive preventive and treatment services if needed.

For more information about the Northwestern Health Unit's dental services or to book an appointment, please call 1-855-407-6453.



