

**Fluoride given at school
is a FREE service!**

**PLEASE READ THE FLUORIDE
INFORMATION CAREFULLY
BEFORE COMPLETING THIS
FORM.**

**PLEASE RETURN THIS FORM TO
YOUR CHILD'S SCHOOL**



**PARENT PERMISSION SLIP
(One child per form)**

Date: _____

Child's Name: _____

Teacher: _____

Address: _____

Grade: _____

Phone Number: _____

School: _____

Water Source: Well ____ or Water Co. ____ **(PLEASE DO NOT RETURN WITHOUT LISTING
WATER COMPANY ON LINE BELOW)**

Name of Water Company (If applicable): _____

PLEASE INDICATE:

- * ____ I would like my child to participate in the School District's Fluoride Supplement Program.*
____ My home has fluoridated water.
____ I am not interested in the Fluoride Supplement Program for my child.
____ My child takes fluoride tablets at home.
____ Other (describe) _____

***NOTE: Even if your child only drinks spring water, your child is not eligible for this
program if you live in an area that fluoridates its water supply.**

Parent or Guardian Signature _____