

Washington School District

Dear Parent/Guardian:

During the next few months, a variety of dental health activities are planned for your school. We hope to encourage good dental health habits aimed at making teeth last a lifetime.

One part of this program will concentrate on toothbrushing effectiveness. The soft deposits, (called plaque), which form on our teeth and cause cavities and gum disease are invisible, so it is difficult to judge how effective our toothbrushing techniques are. To help children visualize this, the dental hygienist will have your child chew a disclosing tablet (This tablet is made of a vegetable dye, a food coloring.) This will stain the plaque. The hygienist will then give each child a toothbrush and demonstrate the most effective way to brush his/her teeth to remove this plaque.

Please check the appropriate statement and sign the form attached below. If this form is not signed and returned to your child's homeroom teacher your child will not be able to participate with the rest of his/her class in this toothbrushing program.

Your School Dental Hygienist

Child's Name _____

Homeroom _____ Date _____

_____ I Do want my child to participate in the toothbrushing program.

_____ I Do Not want my child to participate in the toothbrushing program.

Signature of Parent/Guardian _____