

SOUTHEASTERN UTAH
DISTRICT HEALTH DEPARTMENT

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INFORMATION AND CONSENT

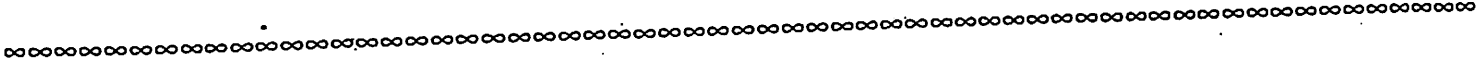
Dear Parent:

A dental program has been developed to prevent dental decay. Arrangements have been made for this program to be given to students at all Emery County Elementary Schools. Under supervision, each student will receive instruction in an effective method of cleaning teeth. Following this instruction, the student will then rinse his/her teeth with a special fluoride rinse.

Learning an effective method of removing food, debris, and dental plaque from the teeth, along with the self-application of fluoride treatment, will help to prevent dental decay and diseases of the gums. This will not entirely eliminate dental decay, nor will it replace regular home care and routine dental treatment, which includes the topical application of fluoride by your family dentist.

This program has the approval of your school Board and administration, local dentists, and the Utah State Division of Health.

Please complete the registration form below and return it immediately to your child's classroom teacher. We would appreciate your taking time to circle the appropriate response to the three questions listed below.



Consent Slip

- | | | |
|--|-----|----|
| 1. Do you have a family dentist? | Yes | No |
| 2. Has your child had a dental checkup during the past year? | Yes | No |
| 3. Was the needed dental work completed | Yes | No |
| | Yes | No |

Please include my child: _____

School: _____

Grade: _____ in this program.

Date: _____

Signature of Parent or Guardian