

TURKEYFOOT VALLEY AREA SCHOOL DISTRICT  
DENTAL HYGIENE SERVICE

Student Name: \_\_\_\_\_

Sodium Fluoride tablets are given to students in grades k4-6<sup>th</sup> for dental health reasons.

- Please give fluoride tablets in school.  
 DO NOT give the fluoride tablets in school.  
 My child takes fluoride tablets at home.

This consent form will be in effect grades K4-6<sup>th</sup> unless the school nurse is notified otherwise.

Parent/Guardian

Signature: \_\_\_\_\_ Date

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