



含氟涂膜同意书

关于Childsmile

Childsmile是一项国家项目，专为改善苏格兰儿童的牙齿健康而设计。作为Childsmile的一部分，经专门培训的牙科护士将在你孩子的幼儿园或学校里为你孩子的牙齿进行每年两次的氟化物涂膜。氟化物涂膜是一种淡黄色凝胶，为防龋提供额外的保护。

为了让你的孩子去接受氟化物涂膜，本表格的同意部分须由父母或照顾人完成填写。此后，我们会每年联系你两次，来更新你孩子的病史和其它个人详情。

如果你想要获得有关氟化物涂膜的更多信息，请扫描二维码来访问childsmile.nhs.scot



需要帮助找到一位牙医吗？

请扫描二维码或访问nhsinform.scot/scotlands-service-directory/dental-services



在你的孩子涂膜之后

- 含氟涂膜后的两天不应给你的孩子氟化物滴剂或药片。此后，可按照指示继续。
- 你的孩子应在当天吃软的食物，这将有助于氟化物涂膜在牙齿上停留得更久。
- 在学校或幼儿园进行的氟化物涂膜是你去看当地牙医诊所之外的。

本表格可在网上找到：childsmile.nhs.scot

如需更多信息（包括其他格式及翻译支持），请访问：

翻译	易读	英国手语	音频	大字版本	盲文

psh.otherformats@psh.scot

0131 314 5300

苏格兰公共卫生局（Public Health Scotland）是旨在改善及保护苏格兰人民健康与福祉的国家性机构。

OGL

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Fluoride varnish consent form

Name of nursery/school

Class (please indicate which)

Nursery

Primary class (P1–P7)

Full name of child

(If child is known by any name other than their first name, please make this clear.)

Address

Postcode:

Date of birth

Daytime tel. no.

It is important that you answer the questions, sign and date this form

Need help completing this form? Scan this QR code or visit childsmile.nhs.scot/contact-us



1. I would like my child to have fluoride varnish applied twice a year. Yes No

2. Does your child have any allergies (especially sticking plaster)? Yes No
If yes, please go to **Question 3**, if no go to **Question 5**.

3. What are they allergic to?

4. Has your child been kept in hospital due to allergies? Yes No

If yes, please provide date when kept in hospital

5. Has your child been kept in hospital due to asthma? Yes No

If yes, please provide date when kept in hospital

I confirm I have parental responsibility for the above child and have read and understood this information.

Signature of parent/
legal guardian

Print name

Date

For office use:

Allergies? Yes No Hospitalised (allergies)? Yes No Hospitalised (asthma)? Yes No

Apply varnish? Yes No

Print name _____

Signature _____

Date _____