



# 含氟塗層同意書

## 關於兒童微笑

兒童微笑是一項國家計劃，以改善蘇格蘭兒童的牙齒健康。作為兒童微笑計劃當中一部分，受特別訓練的牙科護士會在您子女的牙齒塗上含氟塗層，這將每年兩次在您子女的幼兒園或學校內進行。含氟塗層是一種微黃色的啫喱，可提供防止蛀牙的額外保護。

如果想子女接受含氟塗層，家長或照顧者必須填妥此表格的同意書部分。之後，我們會每年聯絡您兩次，以更新您子女的醫療記錄及個人資料。

如果您想知道更多有關含氟塗層的資料，  
可以掃描 QR 碼以瀏覽 [childsmile.nhs.scot](http://childsmile.nhs.scot)



## 需要幫助以找尋牙醫？

掃描 QR 碼或瀏覽 [nhsinform.scot/scotlands-service-directory/dental-services](http://nhsinform.scot/scotlands-service-directory/dental-services)



## 在子女施用塗層後

- 在使用含氟塗層後兩天，您的子女不應服用含氟滴劑或氟片，之後可按指示繼續。
- 您的子女在當天餘下時間應進食軟的食物，這可幫助含氟塗層留在牙齒上更長時間。
- 在學校或幼兒園內施用含氟塗層後，不影響您前往本地牙醫診所時所用的塗層。

您可在網上 [childsmile.nhs.scot](http://childsmile.nhs.scot) 查看此表格



有關更多詳情，包括其他格式及翻譯支援：

@ [psh.otherformats@psh.scot](mailto:psh.otherformats@psh.scot)

0131 314 5300

蘇格蘭公共衛生局 (Public Health Scotland) 為旨在改善及保護蘇格蘭人民健康與福祉的國家性機構。

**OGL**

本出版物根據「第三版開放政府許可」獲得重複使用許可。如欲了解更多詳情，請瀏覽 [www.publichealthscotland.scot/ogl](http://www.publichealthscotland.scot/ogl)

# 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](https://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 \_\_\_\_\_