

Fluoride varnish consent



About Childsmile

Childsmile is a national programme designed to improve the dental health of children in Scotland. For this part of Childsmile, specially trained dental nurses will apply fluoride varnish to your child's teeth twice per year in your child's nursery or school. Fluoride varnish is a pale-yellow gel that provides extra protection against tooth decay.

The consent section of this form must be completed by the parent or carer for your child to receive fluoride varnish. After that we will contact you twice per year to update your child's medical history and personal details.

If you would like more information on fluoride varnish, scan the QR code to visit **childsmile.nhs.scot**



Need help finding a dentist?

Scan the QR code or visit **nhsinform.scot/scotlands-service-directory/dental-services**



After your child has varnish applied

- Your child should not be given fluoride drops or tablets for two days after the fluoride varnish application. After that, continue as directed.
- Your child should eat soft foods for the rest of the day, which will help the fluoride varnish to stay on the teeth for longer.
- Fluoride varnish applied in school or nursery is in addition to applications when you visit your local dental practice.

This form is available online at **childsmile.nhs.scot**

For more information, including other formats and translation support:



Translations



Easy read



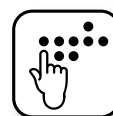
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@ **p_hs.otherformats@p_hs.scot**

 **0131 314 5300**

Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

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489



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 _____