

For staff use MOIS #: _____

Child's information			
Last name:		First name:	
Mailing Address:		Postal Code:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transfemale <input type="checkbox"/> Transmale <input type="checkbox"/> Transfeminine <input type="checkbox"/> Transmasculine <input type="checkbox"/> Other			Date of birth (YYYY-MM-DD):
Personal Health Number:		Email:	
Phone # 1:	Phone # 2:	Phone # 3:	
Parent/guardian name(s):			
Other contact:	Phone:	Relationship to child:	

If you have questions please contact us at:

DentalNE@northernhealth.ca
250-263-6041

DentalNI@northernhealth.ca
250-645-3821

DentalNW@northernhealth.ca
250-631-4171

Please read and complete this form.

- ☐ Yes I would like my child to take part in the fluoride varnish applications
☐ No I do **not** want my child to take part in the fluoride varnish applications

☐ Yes ☐ No Is your child seeing a dentist for regular dental check ups?

☐ Yes ☐ No Would you like your child to have a penlight dental screening only? (*this does not replace a dental exam*)

If your child has an allergy to wood resins or rosins (colophony) they should not have fluoride varnish. Colophony can be found in adhesive bandages, chewing gum, sunscreens, lotions, cosmetics, pine nuts and pine oil cleaners.

☐ Yes ☐ No Does your child have an allergy to wood resins or rosins?

By signing below, I _____
(print name here)

A) understand that the personal information of the child is protected under the Personal Information Protection Act of BC and the information may be only used or disclosed within the conditions set out in the Act.

B) have read the information on both sides of this form and I understand the benefits and risks of fluoride varnish.

Yes, I give consent for my child to receive the fluoride varnish treatments.
(This consent is valid for one year from date of signature)

Parent/Legal Guardian: _____ Date: _____



What is fluoride varnish (FV) and its benefits?

FV is a temporary coating used to make the teeth stronger. Fluoride varnish treatments alone cannot prevent cavities. To also help prevent cavities, you can brush your child's teeth 2 times a day with a small amount of fluoride toothpaste, provide a healthy diet, limit sugary drinks and have regular dental check ups.

Who can have fluoride varnish?

Children of all ages. Babies can have fluoride applied as soon as the first tooth appears.

Is fluoride varnish safe?

Yes, fluoride varnish is safe. A small amount is used and it quickly sticks to the teeth. There are no known allergies to fluoride.

Why would I want my child to have fluoride varnish?

It makes the teeth stronger and slows down cavities. Cavities can cause pain and infection. This affects a child's ability to eat, speak, sleep and learn and may impact their self esteem.

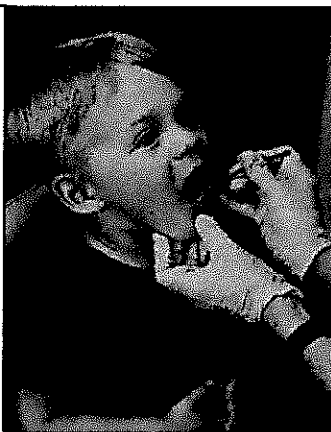
When would fluoride varnish not be applied?

Your child has:

- A colophony allergy. Colophony is found in match sticks and glue used for postage stamps. Allergy to colophony is rare.
- Bleeding gums and mouth sores,
- The teeth have large cavities.

How is fluoride applied?

- FV is painted on teeth with a disposable brush
- Teeth are dried with a gauze
- 1 or 2 drops are used on teeth
- FV is quick and painless
- FV feels sticky on the teeth
- FV can be brushed off by parent

**What are the steps to follow after a fluoride varnish treatment?**

To allow the fluoride to stay on the teeth longer:

- Give your child soft foods
- Avoid crunchy, hard, hot, and or sticky foods the rest of the day
- Avoid brushing or flossing your child's teeth until the next day

If your child develops any swelling of the lips or gums after the fluoride varnish is applied, brush their teeth thoroughly and contact the NH Dental Program.

Thank you for your time spent completing this form.