



**KD's Klubhouse CDC**  
**700 Southern Ave SE Washington, DC 20032**  
**(202) 562-7000**

### **Tooth brushing Permission Slip**

In response to the increasing numbers of young children with significant dental problems, I plan to institute a tooth brushing program. I hope you will allow your child to participate. Children will learn how to brush their teeth and the importance of doing so. I will supervise the children to assure that the process is sanitary.

Child's name: \_\_\_\_\_

\_\_\_\_\_ Yes, I would like my child to participate in the tooth brushing program.

\_\_\_\_\_ No, I don't want my child to participate in the tooth brushing program.

If your answer to the question is 'yes', you have more to decide. There is a great deal of evidence that fluoride helps prevent cavities. Therefore, the toothpaste we will be making available to the children will contain fluoride. However, if you decide you do not want your child to use fluoride, he or she may still take part in the tooth brushing program but without using a toothpaste.

\_\_\_\_\_ My child may use fluoride toothpaste.

\_\_\_\_\_ My child may not use fluoride toothpaste.

Should you have any questions about the tooth brushing program, please let us know.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_