



MULTNOMAH COUNTY
HEALTH DEPARTMENT
 SCHOOL/COMMUNITY DENTAL HEALTH PROGRAMS
 2505 SE 11TH AVE, 2ND FLOOR
 PORTLAND, OREGON 97202
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FLUORIDE TABLET PROGRAM

Fluoride and dental sealants can almost eliminate tooth decay in permanent teeth. Fluoride tablets alone can prevent 35 percent of tooth decay. Your child may participate in a Multnomah County Health Department sponsored daily Fluoride Tablet Program at school. In a community with no fluoride in the drinking water, fluoride tablets help those teeth which are still growing within the jaw as well as those already in the mouth.

Every school day your child will be given a fluoride tablet. The tablet is chewed and swished for one minute, then swallowed. This program is completely safe. The amount of fluoride used is recommended by the American Dental Association and the American Academy of Pediatrics. The Program is endorsed by the Multnomah Dental Society. When a child has had more fluoride than what is needed to prevent tooth decay, it is possible for there to be white spots on some permanent teeth.

If you live in Vancouver, WA or Damascus, OR, or in the Wolf Creek portion of the Tualatin Valley Water District, (Aloha), do NOT sign up for the school program, as there is already enough fluoride in your drinking water to prevent tooth decay. If your household gets drinking water from a private well, it is necessary to test the fluoride level of that well before your child may take fluoride tablets at school. If you are on a well and have not received written instructions, PLEASE CALL (503) 988-3905.

If you are giving your child fluoride tablets or fluoride vitamins at home, there is NO NEED to stop and change to the school program. In fact daily home use is better as it is not interrupted by holidays and vacations. If your child is NOT taking fluoride tablets at home, the school program is a good way to get started. Your child must be at least three years old and have your written permission. To get the best protection, tablets should also be taken on weekends and vacations. See your doctor or dentist for a prescription.

Permission Slip (Please Print)

Please check the box that applies to you.
 Sign and return this slip to your child's school.

Please return whether
 checking YES or NO

Child's Name _____ Teacher's Name _____

YES, my child is age three or above, and I want my child to take part in the Fluoride Tablet Program.

NO, I don't want my child to take part in the Fluoride Tablet Program.

 Signature of Parent or Legal Guardian

 Date

**FLUORIDE + DENTAL SEALANTS =
 MAXIMUM PROTECTION AGAINST DECAY**

EQUAL OPPORTUNITY EMPLOYER

