

Appendix 4: Medical History & Consent Form on Fluoride Varnish Programme

Source: Adapted from: Teeside School Fluoride Varnish Programme Protocol and Childsmile NHS Scotland. Electronic version for viewing online via: https://www.child-smile.org.uk/uploads/documents/3711-__Toothbrushing%20Fluoride%20Varnish%20Consent%20Form-September2022-English.pdf

SETTING FLUORIDE VARNISH PROGRAMME CONSENT FORM

Name of Setting/Nursery: _____

Full name of child: _____

Class: _____

Date of birth: _____

Address: _____

Postcode: _____

Gender: Male ☐

Female ☐

Other ☐

Has your child attended a local dental practice in the last 6 months? Yes ☐ No ☐

What is the name of this practice? _____

Does your child take fluoride drops or tablets at home? Yes ☐ No ☐

Does your child have any allergies (especially sticking plaster)? Yes ☐ No ☐

If yes, what are they allergic to? _____

Has your child ever been admitted to hospital due to asthma or allergies?

Asthma Yes ☐ Date of Admission _____ No ☐

Allergies Yes ☐ Date of Admission _____ No ☐

If your child is admitted to hospital due to asthma or an allergy after this form has been returned, please inform the Setting Fluoride Varnish Lead (The lead dentist who attends)

They could have a reaction to the fluoride varnish so should not participate in the programme.

Consent:

I (parent/guardian) confirm that I have parental responsibility for the child above.

I hereby give consent for my child to receive the treatment of fluoride varnish applications to their teeth within the setting every six months for the duration of the programme or, reach the age of consent themselves. I am aware that I have the right to remove the child from the programme at any time and no justification is required for removal. I give permission for information regarding the child's dental health to be shared between the setting's healthcare professionals, dental staff, Specialist Community Public Health Nurse/s (Setting Nurse) and GP. The information shared maybe used for the purposes of administration, follow up care, monitoring and evaluation of the programme.

Name of Parent/Legal Guardian: _____

Signature: _____

Date: _____

Contact Phone number: _____

PLEASE RETURN THIS FORM TO SETTING as soon as possible

For Parent/Guardian to fill out:

Allergies? Yes ☐ No ☐ Hospitalised (allergies)? Yes ☐ No ☐

Hospitalised (asthma) Yes ☐ No ☐

Apply varnish? Yes ☐ No ☐

Print Name:

Signature:

Date:

Appendix 3: Parent/carer information on Fluoride Varnish

Source: Adapted from Public Health England (published 2017) Fluoride Varnish Programme in London Clinical Protocol.

For Childsmile information please follow the link: Fluoride varnish: what it is, what it is used for and what are the risks - NHS Health Scotland (child-smile.org.uk)

Fluoride varnish information sheet

What is fluoride Varnish?

- Fluoride varnish is a gel that is painted onto children's teeth with a small brush
- It is usually yellow/golden in colour and the colour quickly wears off
- It is usually applied twice a year

Why is fluoride varnish important?

- Painting fluoride varnish onto children's teeth can help prevent tooth decay
- Fluoride varnish is not a substitute for tooth brushing with a fluoride toothpaste

Is it safe?

- Yes. The dentist will take a thorough medical history of your child and care will be provided safely
- Excessive fluoride can cause small white spots on the teeth, but the risk of developing white spots because of fluoride varnish is very small

What will happen on the day of the fluoride?

- Children whose parents/legal guardians have consented and provided a medical history which has been checked will see the dental team delivering the programme
- Each child taking part will have a simple dental examination (this does not replace your child's check-up at the dentist)
- Then fluoride varnish will be applied to the teeth by a trained member of the dental team
- If your child requires a more detailed dental examination, you will be advised to see a local NHS dentist
- The dental team will use fresh, disposable gloves and mirrors for each child

Are there any reasons why children should not have fluoride varnish?

The dental team will not apply the varnish if your child:

- Is unwell on the day of application
 - Has sore areas in and around the mouth
 - Some children will not be included in the programme due to their medical history
 - Children with severe asthma or allergies that have caused them to be admitted to, or kept in hospital
- The varnish contains a substance that could on rare occasions bring on an allergic reaction. It is therefore important that the dental team are informed of any children with controlled asthma or any other allergies including allergy to sticking plasters.

How can my child be included in this/these programmes?

It is free to take part, but we need your consent. The form enclosed in this pack needs to be signed and dated by a parent/legal guardian for the fluoride varnish to be applied to a child. The consent form should then be returned to your child's school for the dental team to collect

