

Dear Parent / Guardian

I write to invite you to provide written consent for your child to participate in a new activity at school that aims to protect good oral health.

The early year's setting/school that your child attends has been chosen by Devon County Council's Department of Public Health to provide daily supervised tooth brushing to children up to five years of age.

Daily supervised toothbrushing with a family fluoride toothpaste has been shown to help to keep children's teeth healthy. Children should usually brush their teeth twice each day, and regular visits to the dentist also help with maintaining good oral health.

Your child now has opportunity to brush their teeth daily at their school or early year's setting, along with others in their class. This activity will be carefully supervised by trained staff and regularly monitored by oral health professionals. Please support this activity by maintaining your child's daily home tooth brushing routine.

The attached information sheet gives further details, including commonly asked questions. If you have additional questions, please contact the Oral Health Improvement department of the Specialist Dental Services, who are leading this programme, on 01392 405705.

Yours faithfully,

Oral Health Improvement Department  
Specialist Dental Services  
Northern Devon Healthcare NHS Trust  
Royal Devon & Exeter Hospital (Heavitree)  
Exeter  
EX1 2ED

**Please sign the slip below and return to the school as soon as possible to give consent**

✂.....

1. I confirm that I have read and understand the information sheet.
2. I understand that I have a choice in allowing my child to take part and I am free to withdraw my child at any time, without having to give a reason.
3. I understand that this will not replace my child's tooth brushing routine at home.

4. I agree  I do not agree  (select one)

for my child to take part in the supervised tooth brushing programme.

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

School / Early Year's Setting: \_\_\_\_\_

Signature of person with parental responsibility: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Date: \_\_\_\_\_