

Sample Fluoride Varnish Parent Consent Form

Dear Parent/Caregiver,

As a preventive dental service of _____ is offering the application of a protective coating called **fluoride varnish** to your child's teeth to help protect against cavities.

Fluoride varnish is a protective coating that is painted on teeth. The varnish releases the fluoride over a period of time, which strengthens the teeth and prevents tooth decay. Tooth decay is the most common chronic disease in children.

Although some medical insurances are covering this service, **not all insurances are covering fluoride varnish**. The fee is **\$XX** per application.

Please indicate below whether you give permission for your child to receive the application of fluoride varnish

- ☐ **YES**, I give permission for my child to receive the fluoride varnish application.
I understand that I may be responsible for the fee if my insurance does not cover this application.
- ☐ **NO**, I do not give permission for my child to receive this preventive fluoride varnish application.

Name of Child: _____ Date of Birth: _____

Signature of Caregiver: _____ Date: _____

Caregiver's Name (*please print*): _____