**Parent/carer Consent Form for Supervised Tooth Brushing- Revised**

Dear Parent/Carer,

Supervised tooth brushing at nursery/school has been shown to be effective at improving oral health for children. We are taking part in Ealing Councils’ new supervised tooth brushing programme for children and would like to invite your child to join in **free** tooth brushing with fluoride toothpaste, once a day at their nursery/school.

Each child taking part will receive **free** toothbrushes and toothpaste and your child will be brushing their own teeth under the supervision of the nursery/school staff. It is important to note that **this is not intended to replace tooth brushing at home with you in the morning and last thing at night before bed**. Brushing before bedtime is especially important, in order to prevent plaque and food particles staying in contact with the teeth at night.

**Please complete the slip below** as soon as possible, so that your child can take part in the **free** supervised tooth brushing programme. Should you withdraw your child at any time from the programme, please inform the nursery/school staff.

If you have any questions about the programme or would like more information, please contact the Oral Health Promotion Team: Adele Francois (Oral Health Promoter) on 02033138768 adele.francois@nhs.net or Ayesha Masood (Oral Health Lead) on ayeshamasood@nhs.net 02033172341.

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**I WISH** my child to participate in the freesupervised tooth brushing at

WOODLANDS ACADEMY

**YES NO**

**NAME OF CHILD**: ………………………………………………………. Class…………………

**AGE OF CHILD**:……………… **DOB:**…………………… **Gender □** Male □ Female

**DOES YOUR CHILD HAVE A DENTIST? □ YES □NO**

**Does your child do brush his/her teeth at home? □ YES □NO**

**If yes, how many times a day? □ once □Twice □ more**

**DOES YOUR CHILD HAVE A DISABILITY? □ YES □NO**

**ETHNICITY:**

|  |  |  |
| --- | --- | --- |
| □ White British | □ Asian or Asian British Indian | □ Black or Black British African |
| □ White Irish | □ Asian or Asian British Pakistani | □ Other black background |
| □ Other White background | □ Asian or Asian British Bangladeshi | □ Other mixed background |
| □ White & Black Caribbean | □ Other Asian background | □ Any other ethnic group |
| □ White & Black African | □ Chinese |  |
| □ White & Asian | □ Black or Black British Caribbean |  |

**SIGNATURE OF PARENT / GUARDIAN: DATE:**

………………………………………………… …………………