



Fluoride Varnish Permission Form

Fluoride varnish is a topical fluoride treatment that is applied to the teeth using a small brush. The fluoride varnish has a slight yellow color that will come off when the teeth are brushed.

Please complete the following information:

Name of athlete: _____

Address _____ State _____ Zip _____

Date of Birth _____ Gender _____

Health History of Athlete	Yes	No	Unsure
1. Is athlete allergic to any of the following? <ul style="list-style-type: none"> • Please Circle All That Apply • Pine/Evergreen tree sap • Spices such as nutmeg, paprika, mace, cloves • Chrysanthemums 	___	___	___
2. Has athlete seen a dentist in the past year?	___	___	___
3. Does athlete take fluoride supplements?	___	___	___
4. Is athlete in any other fluoride varnish program?	___	___	___
5. Does athlete have asthma?	___	___	___

Please indicate permission to participate in this program:

___ **Yes**, I give permission for the above named athlete to receive fluoride varnish

___ **No**, I do not give permission for the above named athlete to receive fluoride varnish.

Please bring this signed form to the Special Smiles event your athlete is participating in to receive fluoride varnish application.

Parent/Guardian

Signature _____ Date _____