

# Special Olympics Special Smiles®



## 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? • <b>Please Circle All That Apply</b> • 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 venue to receive fluoride varnish application.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_