

OFFICE OF THE SUPERINTENDENT
CENTRAL CAMBRIA SCHOOL DISTRICT
EBENSBURG, PA 15931

TO: Parents of Pupils in Grades K, 1, 2, 3, 4, 5
Subject: **Prevent Tooth Decay**

This program consists of each child with parent's consent being given a one milligram sodium fluoride tablet every school day. The tablets are about the size of a very small pea, and when chewed, tastes like candy.

Tentative results from previous studies indicate that there is 40% reduction in dental cavities due to regular use of sodium fluoride tablets during the developmental stages prior to the eruption of permanent teeth. (Infancy to the eruption of all permanent teeth).

Approval of this program has been given by the Department of Health, our school physicians, our school dentists and members of the Central Cambria School Board.

We would, therefore, urge you to permit your child to take part. There will be no charge to parents for tablets.

Children that drink Ebensburg Borough water **should not take fluoride tablets** because there is already fluoride in that water supply.

Tear off here. . . Complete and return to teacher.

Name of Pupil: _____

Grade: _____ Teacher: _____

_____ I give my consent for my child to have the fluoride tablets.

_____ My child is now taking fluoride tablets daily or a vitamin containing fluoride.

_____ I do not want my child to be given fluoride tablets.

_____ My child drinks Ebensburg Borough water which has fluoride in the water supply.
And, therefore, does not need to take fluoride tablets.

Date: _____ Signature: _____
(Parent or Guardian)