By email

Enter the DATE

LETTER TO PARENTS

**Object: Supervised tooth brushing activity using fluoride toothpaste**

**Name of the institution:**

Dear parents,

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| By the age of 7 years, more than half of the children have a cavity;  **Did you know?**  Cavities are an avoidable disease that can have consequences on a child's development;  ???  Brushing teeth with a fluoride toothpaste, at least twice a day, is effective in reducing dental cavities. |

This is why our institution is participating in the Quebec supervised tooth brushing program using a fluoride toothpaste (Programme québécois de brossage supervisé des dents avec un dentifrice fluoré). This government program is designed for:

* Childcare centres;
* Subsidized care centres;
* Recognized family day care centres;
* Kindergarten classes for 4 and 5 year-olds.

This activity will begin on (Enter the date)      . It will take place once a day. Your child's toothbrush will be identified with his/her name and will be stored in a clean and secure location.

We will supervise the tooth brushing activity to ensure it is carried out well. This training is designed to prevent children from sharing their toothbrushes, which could cause a risk of transmitting infections. If an incident occurs, you will be informed rapidly and we will give you advice on how to proceed.

**If you would like your child to participate, you do not need to do anything.** If you do **not** want your child to participate in the tooth brushing activity, please complete the box below and return it to us before the activity begins. If you change your mind, you can withdraw or register your child in the activity at any time.

For more information, do not hesitate to contact us. We thank you for your cooperation.

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| **To be completed by the childcare establishment or the school** | |
| Name: |  |
| Title: |  |
| Telephone: |  |
| Signature: |  |

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| Participation **refusal** form  for the supervised tooth brushing activity | | | | | | | | |
| I refuse to have | |  | | | | participate in the tooth brushing activity. | | |
|  | | (Name of the child in capital letters) | | | |  | | |
| Name of the parent or guardian: | | | |  | | | (Capital letters) | |
| Date: | /       / | | (Year / month / day) | | | | | |
| Signature of the parent or guardian: | | | | |  | | |  |
|  | | | | | | | | |