

# Fluoride varnish consent



## About Childsmile

Childsmile is a national programme designed to improve the dental health of children in Scotland. For this part of Childsmile, specially trained dental nurses will apply fluoride varnish to your child's teeth twice per year in your child's nursery or school. Fluoride varnish is a pale-yellow gel that provides extra protection against tooth decay.

The consent section of this form must be completed by the parent or carer for your child to receive fluoride varnish. After that we will contact you twice per year to update your child's medical history and personal details.

If you would like more information on fluoride varnish, scan the QR code to visit [childsmile.nhs.scot](https://childsmile.nhs.scot)



## Need help finding a dentist?

Scan the QR code or visit [nhsinform.scot/scotlands-service-directory/dental-services](https://nhsinform.scot/scotlands-service-directory/dental-services)



## After your child has varnish applied

- Your child should not be given fluoride drops or tablets for two days after the fluoride varnish application. After that, continue as directed.
- Your child should eat soft foods for the rest of the day, which will help the fluoride varnish to stay on the teeth for longer.
- Fluoride varnish applied in school or nursery is in addition to applications when you visit your local dental practice.

This form is available online at [childsmile.nhs.scot](https://childsmile.nhs.scot)

For more information, including other formats and translation support:



Translations



Easy read



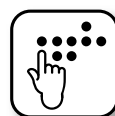
BSL



Audio



Large print



Braille

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📞 0131 314 5300

Public Health Scotland is Scotland's national agency for improving and protecting the health and wellbeing of Scotland's people.

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# Fluoride varnish consent form

Name of nursery/school

Class (please indicate which)

Nursery

Primary class (P1–P7)

Full name of child

(If child is known by any name other than their first name, please make this clear.)

Address

Postcode:

Date of birth

Daytime tel. no.

**It is important that you answer the questions, sign and date this form**

Need help completing this form? Scan this QR code or visit [childsmile.nhs.scot/contact-us](https://childsmile.nhs.scot/contact-us)



1. I would like my child to have fluoride varnish applied twice a year.  Yes  No

2. Does your child have any allergies (especially sticking plaster)?  Yes  No  
If yes, please go to **Question 3**, if no go to **Question 5**.

3. What are they allergic to?

4. Has your child been kept in hospital due to allergies?  Yes  No

If yes, please provide date when kept in hospital

5. Has your child been kept in hospital due to asthma?  Yes  No

If yes, please provide date when kept in hospital

I confirm I have parental responsibility for the above child and have read and understood this information.

Signature of parent/  
legal guardian

Print name

Date

**For office use:**

**Version 11**

Allergies? Yes  No  Hospitalised (allergies)? Yes  No  Hospitalised (asthma)? Yes  No

Apply varnish? Yes  No

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_