LETTER TO PARENTS

**Supervised toothbrushing activity with fluoride toothpaste**

Institution’s name:

Dear parents,



**Did you know?**

* More than half of children 7 years of age and over have cavities.
* Cavities are a preventable disease and can have consequences for a child’s development.
* Brushing teeth **with fluoride toothpaste**, at least twice a day, is an effective way to reduce cavities.

That’s why your institution is participating in the Programme québécois de brossage superviséedes dents avec dentifrice fluoré (Québec’s supervised toothbrushing with fluoride toothpaste program). This government program is for:

* Childcare centres (CPEs)
* Subsidized daycares
* Recognized family daycares
* Pre-kindergarten and kindergarten classes, and lunch-hour childcare programs

This activity will start on . It will be held once a day. Your child’s name will be indicated on their toothbrush and it will be stored in a clean and safe location.

We will supervise the toothbrushing activity to ensure that it runs smoothly and that each child uses their toothbrush properly. This supervision will ensure that the children do not share toothbrushes, which could cause the transmission of infection. Should an incident occur, you will be informed and we will advise you on the steps to follow.

**If you do not wish** for your child to participate in the toothbrushing activity, you must complete the form below and return it to us before the start of the activity. If you would like your child to participate, you do not have to do anything. If you change your mind, you can withdraw your child from the activity at any time.

Do not hesitate to contact us for any additional information. Thank you for your cooperation.

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| **Form for refusal to participate in** **the supervised toothbrushing activity with fluoride toothpaste*** I do not want \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the toothbrushing activity.

(child’s name in block letters)Name of the parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(in block letters)**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of the parent or guardian (year-month-day) |