

REYNOLDS ELEMENTARY SCHOOL
FLUORIDE PROGRAM

Date _____

Child's Name _____ School _____

Teacher _____

Please read carefully, check the appropriate line, sign and return to school.

If you have fluoridated water or your child takes vitamins with fluoride, the child does not need fluoride tablets.

If you have well water and your child does not take vitamins with fluoride or plain fluoride tablets, then your child may take the fluoride tablets at school.

_____ I request that my child take the fluoride tablets and hereby do release Reynolds School District and all of its employees and consultants from any and all liability with respect thereto.

_____ I do not want my child to take the fluoride tablets.

If I would like this service to be discontinued, I will notify the school in writing of the request.

Signature of Parent or Guardian