



DEPARTMENT OF HEALTH . BERMUDA

PREVENTIVE DENTISTRY PROGRAMME

To: Parent/Guardian

Fluoride use is a major factor in the prevention of tooth decay. For many years the Department of Health, assisted by the Department of Education has conducted a fluoride programme. This programme is offered free of charge to children from infancy to the end of middle school. Over 95% of children in Bermuda participate.

Please indicate whether or not you want your child to be included in the programme by completing the bottom of the form. Please fill out **all** of the information, sign on the appropriate line and return the form to your child's head teacher, principal or to the nearest Department of Health Clinic.

C. Musson Nzabalinda DDS

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Senior Dental Officer

Telephone: 278-4900/278-6440

PLEASE PRINT LEGAL NAME AS ON BIRTH CERTIFICATE

Last Name First Name(s):

Birth Date School or Nursery name:
Day Month Year

Mother's Name: Father's Name:

Legal Guardian:

Home Address:

Home Tel. No: Business Tel. No.: Cellular Tel. No:

Has your child had fluoride before: Yes ☐ No ☐

PLEASE PLACE A CHECK MARK NEXT TO ONLY ONE OF THE FOLLOWING OPTIONS:

☐ I want my child to receive fluoride **AT SCHOOL**.

☐ I will give my child fluoride **AT HOME**.

☐ I **DO NOT** want my child to receive fluoride.

Your signature..... Date:
☐ Mother ☐ Father ☐ Guardian