

**OFFICE OF THE SUPERINTENDENT**

**CENTRAL CAMBRIA SCHOOL DISTRICT  
EBENSBURG, PA 15931**

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TO: Parents of Pupils in Grades K, 1, 2, 3, 4, 5  
Subject: **Prevent Tooth Decay**

This program consists of each child with parent's consent being given a one milligram sodium fluoride tablet every school day. The tablets are about the size of a very small pea, and when chewed, tastes like candy.

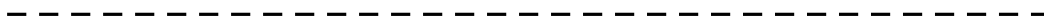
Tentative results from previous studies indicate that there is 40% reduction in dental cavities due to regular use of sodium fluoride tablets during the developmental stages prior to the eruption of permanent teeth. (Infancy to the eruption of all permanent teeth.)

Approval of this program has been given by the Department of Health, our school physicians, our school dentists, and members of the Central Cambria School Board.

We would, therefore, urge you to permit your child to take part. There will be no charge to parents for the tablets.

Children that drink Ebensburg Borough water **should not take fluoride tablets** because there is already fluoride in that water supply.

Tear off here... Complete and return to teacher



Name of Pupil:

Grade:           Teacher:

I give my consent for my child to have the fluoride tablets.

My child is now taking fluoride tablets daily or a vitamin containing fluoride.

I do not want my child to be given fluoride tablets.

My child drinks Ebensburg Borough water which has fluoride in the water supply. And therefore, does not need to take fluoride tablets.

Date:

Signature: \_\_\_\_\_

(Parent or Guardian)