



Community Dental Services

Bedford Heights  
Manton Lane  
Bedford  
MK41 7PH

Tel: 01234 310354

[www.communitydentalservices.co.uk](http://www.communitydentalservices.co.uk)

Dear Parent/Legalguardian

**Toothbrushing programme**

In partnership with your children's early year's/school setting, we would like to involve your child in toothbrushing once a day with fluoride toothpaste. This has been shown to improve children's dental health. The children will be brushing their own teeth under the supervision of an adult from your child's early year's/school setting. This will not replace toothbrushing at home.

If you have any queries about the programme, or would like more information, please speak to your childcare provider in the first instance. Your childcare provider can also arrange for the Oral Health Promotion team to contact you if required.

You can withdraw your child at any time from the programme but please inform your child's early year's/school team.

Please indicate and sign below to give your permission, and return the slip by \_\_\_\_\_-The toothbrushing programme will begin \_\_\_\_\_

Yours faithfully

**Oral Health Promotion Team Community  
Dental Services**

**Toothbrushing programme permission slip**

**(Please detach and return to your child's early year's setting or school)**

I do / do not give my permission for \_\_\_\_\_ to \_\_\_\_\_ (child's  
take part in toothbrushing at his/her early year's/school. \_\_\_\_\_ name )

Signed: .....

Parent/Legal guardian

Date: