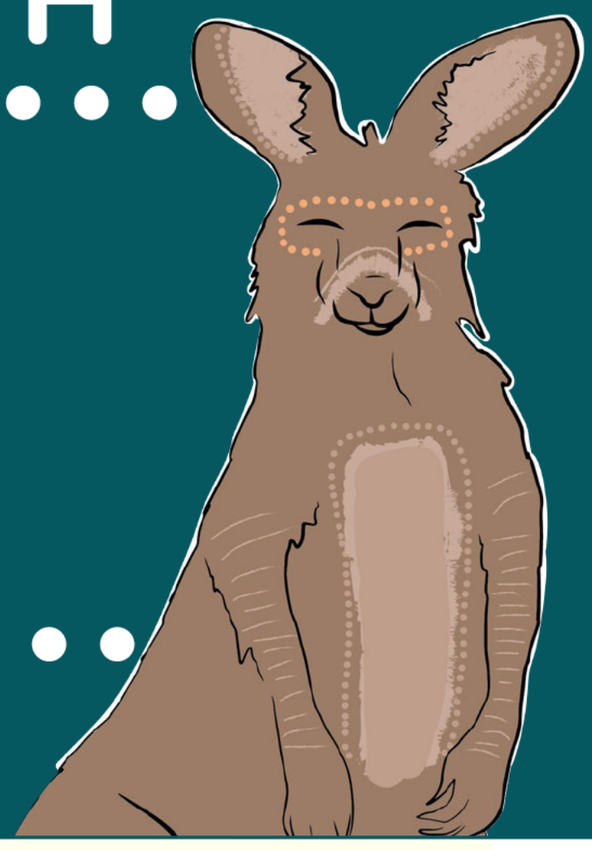
Information for children and families

FLUORIDE VARNISH

DEADLY FOR TEETH

INFORMATION AND CONSENT



Aboriginal & Torres Strait Islander Health Practitioners

from _____

will be at _____

to apply FREE fluoride varnish

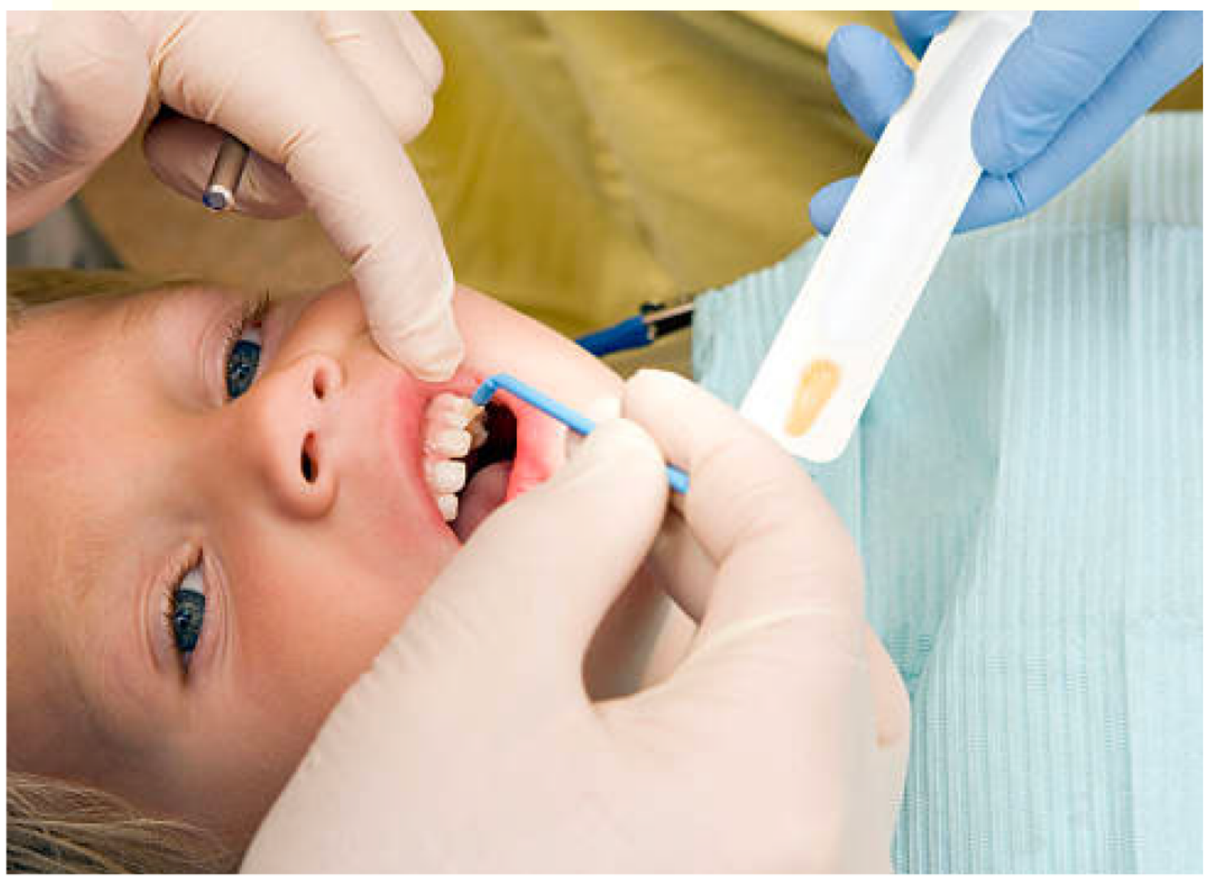
to children's teeth on _____

What is fluoride varnish?

Fluoride varnish is a tooth medicine. It's a special liquid made with fluoride that is painted on the teeth using a small soft brush.

What does fluoride varnish do?

When it is painted on the teeth it forms a protective covering that makes teeth stronger and helps prevent tooth decay (holes in teeth).



What you need to do

1. READ this information sheet.
2. FILL IN and sign the **consent form.**
3. RETURN the forms as soon as possible.

Fluoride varnish is safe, it doesn't hurt and only takes a minute or two to apply.

We believe that keeping children's teeth healthy is part of keeping their whole bodies well.

We want to make sure all children and families are supported with preventive care that keeps teeth strong and healthy from an early age and sets them up for life.

Oral Health Victoria

Nov 2025

FLUORIDE VARNISH information sheet

How does fluoride protect our teeth?

Fluoride is a mineral found naturally in lots of things including water, air, foods and in our teeth and bones.

Fluoride makes our teeth stronger and protects them from tooth decay.

Fluoride is added to most toothpaste. Most tap water in Victoria has fluoride in it too.

Fluoride varnish has more fluoride than toothpaste and is a sticky liquid that forms a protective coating on teeth.

Who will help you?

Your child will be seen by an Aboriginal & Torres Strait Islander Health Practitioner who is trained and authorised to apply fluoride varnish.

What's involved?

All children and adults can have fluoride varnish applied to their t eeth.

The process of applying fluoride varnish will take less than two minutes. It's safe and it doesn't hurt.

The longer the varnish stays undisturbed on teeth, the better it will work.

Your child will be asked to avoid hard or crunchy foods for the next 4 hours. Drinks and softer foods are OK.

Fluoride varnish will be applied on all of your child's teeth at 2 visits, 6 months apart.

If you would like your child to participate, complete and sign the consent form.

If your child is allergic to rosin, or colophony, or sticking plaster (e.g., Band-Aids), or has been hospitalised with asthma in the past 12 months, they should avoid fluoride application.

If you are not sure, you can ask the health practitioner for more information.

Care at home

Teeth can look yellow after the treatment but this will soon go away.

If possible, offer only drinks and softer foods for the next 4 hours.

Brush and floss teeth as normal - morning and night.

Let your regular dental professional know your child is having fluoride varnish applied.

FLUORIDE VARNISH
Child information

Child details

Child's first name: _____ Child's last name: _____

Age: _____ Date of birth: _____ Gender: _____

Address: _____

_____

Suburb: _____ Postcode: _____

Medical information

Do you have any concerns regarding your child's teeth, gums or mouth?

◯ Yes ◯ No

If yes, please provide details:

_____

_____

Does your child have any allergies? This includes food, medicines, and/or products, e.g. latex, Band-Aids, colophony, rosin, milk protein (casein)

◯ Yes ◯ No

If yes, please provide details:

_____

_____

Does your child have asthma?

◯ Yes ◯ No

Has your child been to hospital due to asthma in the last 12 months?

◯ Yes ◯ No

If yes, please provide details:

_____

_____

Are there any significant medical issues we should be aware of?

◯ Yes ◯ No

If yes, please provide details:

_____

_____

Has your child had a fluoride varnish application in the last six months?

◯ Yes ◯ No

Sign this Consent Form to take part in the Fluoride Varnish program

Consent

I understand that

- ◯ My child will have a fluoride application now, and another fluoride varnish application in six months' time.
- ◯ My child will have fluoride varnish applied to all their teeth by an Aboriginal & Torres Strait Islander Health Practitioner.
- ◯ My child's oral health information is private and will be stored securely.
- ◯ I will be contacted if further treatment is required for my child.

I, _____ (your name)

consent for my child _____ (child's name)

to have fluoride varnish applied.

Relationship to child (please circle): Parent / guardian

Parent/guardian signature: _____

Date: _____

Mobile number: _____

Artist: Madison Connors (nee' Saunders),
a proud and strong Yorta Yorta (Wolithica), Dja Dja Wurrung and Kamilaroi woman and mother to two booris (babies), Marley and Yindi.

Written with the help of my 4 year old son

OHV would like to acknowledge the traditional custodians of country throughout Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.