Burnley Brow Community School

Victoria Street, Chadderton, Oldham, OL9 0BY
Telephone: 0161 770 3137
info@burnleybrow.oldham.sch.uk
www.burnleybrow.co.uk
Headteacher: Mrs. H. Atkinson-Smith.   BA(Hons) MA, PGCE

Dear Parent/Carer

I am delighted to tell you that our school is taking part in a Greater Manchester toothbrushing programme to strengthen children's teeth. This involves your child brushing their own teeth, using a fluoride toothpaste at school/nursery. This will be happening in your child's class, and I invite your child to take part.

Supervised toothbrushing in Early Years settings have been shown to be effective at reducing tooth decay in children. Each child taking part will receive a free toothbrush and a family fluoride toothpaste to use in their class under the supervision of the nursery/school staff. Your child will also receive a dental pack during summer term to take home. The toothbrushing dental pack contains a toothbrush, family fluoride toothpaste and an information leaflet.

The aim of the programme is to help reduce dental decay in children and with your support this will reinforce your home toothbrushing routine. You can continue to brush your child's teeth morning and night and to supervise their toothbrushing until he/she is 7 years old.

For your child to take part in this programme in their nursery/school, you will need to give your consent by signing the tear off slip below and return it to your nursery/school. If you do not return the consent slip your child will not benefit from this programme.

Yours faithfully,

H. Atkinson-smith
Headteacher

Please sign the slip below and return to nursery/school as soon as possible.
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By signing this form, I confirm:

1. **I have read and understood the information provided and I am happy for my child to take part in the Supervised Toothbrushing Programme. If I want my child to withdraw from the programme, I can inform the school/nursery in writing at any time.**

Child's Name: _____
Child's Class: _____

Signature of Parent/Carer: _____ Date: _____

Print Parent/Carer name: _____