

## **Information on the application of the fluoride varnish “Duraphat”**

Dear parents and legal guardians,  
we are the Working Committee on Youth Dental Care for the Free State of Saxony (LAGZ<sup>\*</sup>).  
Our job is to support the oral health of children and adolescents.  
The basis for our work is the Social Code 5, Paragraph 21.  
On our behalf, dentists and their professional staff visit kindergartens and schools.

### **What is involved?**

Dentists or their professional staff coat the surface of children’s teeth with a fluoride varnish. This procedure is called fluoridation.  
This procedure is free of charge for your child and may be performed up to 3 times in a school year.  
For this we need your voluntary written consent.

### **Which medication is used?**

The fluoride varnish Duraphat is applied to the surface of your child’s teeth.  
Duraphat strengthens tooth enamel and makes teeth more resistant to tooth decay.  
Tooth decay at an early stage can be stopped or even reversed.

### **Which substances are used in the fluoride varnish Duraphat?**

The fluoride varnish Duraphat contains the following substances:

- **Colophony**
- Sodiumfluoride, ethanol, wax, mastic
- Shellack
- Saccharin, raspberry flavour

The fluoride varnish Duraphat is stored in a tube made of latex. Therefore, there may be traces of latex in the varnish application of Duraphat.

### **What are possible side effects of Duraphat?**

Through coating teeth with the fluoride varnish Duraphat, tiny amounts of fluoride get into the mouth.

Children may react on rare occasions to the fluoride varnish. Sensitive reactions to Duraphat may include local swelling of the lining of the mouth or skin irritations.

Fluoride varnish Duraphat contains colophony. This substance may cause allergic reactions. Colophony may cause asthma attacks in children with asthma.

### **For which children is the fluoride varnish Duraphat not recommended?**

The fluoride varnish Duraphat is not recommended for:

- Children with asthma
- Children who are hypersensitive to any of the substances in Duraphat
- Children who are allergic to colophony (rosin)
- Children who are allergic to latex
- Children who do not have a swallowing reflex

### **What else do you need to consider?**

After the application of Duraphat, your child should not eat for at least 2 hours and should not chew gum. For this reason, your child should have a good breakfast that day.

Your dentist also offers fluoridation, complementing our service.

You can help to keep your child's teeth healthy by:

- regular and thorough teeth brushing,
- a healthy and varied diet,
- taking your child to the dentist once every six months.

### **Data protection and confidentiality**

Your child's name, date of birth, school and class must be recorded as part of the consent.

This information will be used and kept for 10 years only in relation to the fluoridation procedure; it will not be shared with others. You have the right to ask about the data saved and, if necessary, demand that the information be amended or erased, or that processing of the information be restricted. The fluoridation takes place in a group setting. There is a possibility that your child's data may be heard or read by others. Dentists and their staff must maintain patient confidentiality. To make their work easier, we kindly ask you to release them from the obligation of patient confidentiality during the fluoridation period.

### **How long is this consent valid?**

Your (informed) consent is valid for the entire school year. It is only valid for fluoridation with Duraphat. You can withdraw your consent at any time.

If you have any questions, speak to the dentist who comes to your school.

### **Name and contact details of the dentist:**

Name: .....

Telephone: .....

Address: .....

Sincerely

LAGZ Sachsen e. V.

**For your child to participate, you must read the fluoride varnish information sheet and give consent by completing and signing the form below.**

**Consent form to apply the fluoride varnish Duraphat to my child`s teeth**

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Child`s Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

School Class: \_\_\_\_\_

My child suffers from:

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Asthma               | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Allergy to colophony | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Allergy to latex     | <input type="checkbox"/> yes | <input type="checkbox"/> no |

I have read the information sheet about applying the fluoride varnish Duraphat.

- yes                       no

I absolve the dentist and the professional staff of their obligation to maintain confidentiality during the period of fluoridation.

- yes                       no

I give permission for my child to have up to 3 applications of the fluoride varnish Duraphat per year.

- yes                       no

\_\_\_\_\_  
Place, Date

1) \_\_\_\_\_  
Signature of parent/ legal guardian

2) \_\_\_\_\_  
Signature of parent/ legal guardian

Please ask your child to return the signed consent form in an envelope.  
Your child is not allowed to participate in the fluoridation treatment without your signed consent.