

Information on brushing teeth with Elmex Gelée®

Dear parents and legal guardians,

we are the Working Committee on Youth Dental Care for the Free State of Saxony (LAGZ*).

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?

Your child brushes his or her teeth independently with a fluoride tooth gel.

This is supervised by our dentist or his/her professional staff.

Brushing teeth with a fluoride-containing tooth gel is called fluoridation.

This service is free of charge to your child. It may be offered up to 3 times in a school year.

For this we need your voluntary written consent.

Which medication is used?

Your child brushes his/her teeth independently with Elmex Gelée®.

This strengthens the tooth enamel and makes the tooth more resistant to tooth decay.

Tooth decay in its early stages can be stopped or even reversed.

Which substances are used in the tooth gel Elmex Gelée®?

Elmex Geleé® contains the following substances:

- Amine fluorides, sodiumfluorids
- Propylene glycol, hyetellose
- Saccharin, apple flavour, banana flavor
- Mint camphor flavour, peppermint oil, curled mint oil

What are possible side effects of Elmex Gelée®?

By brushing the teeth with Elmex Geleé® very small amounts of fluoride get into the mouth.

On rare occasions, children may have allergic reactions to the substances in Elmex Geleé®.

Very rarely, small parts of the oral mucosa (lining of the mouth) can detach.

For which children is Elmex Gelée® not recommended?

Elmex Gelée® is not recommended for:

- Children with asthma
- Children who are hypersensitive to any of the substances in Elmex Gelée®
- Children who are allergic to any of the substances in Elmex Gelée®
- Children who do not have a swallowing reflex
- Children who can **not** spit

What else do you need to consider?

Is your child taking fluoride tablets? Do not give your child fluoride tablets for a few days after fluoridation. 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 Elmex Geleé®. 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 for brushing the teeth of my child with Elmex Geleé®

Family Name: _____

First Name: _____

Child`s Date of Birth: _____

School: _____

School Class: _____

My child suffers from:

Asthma yes no

I have read the information sheet about brushing the teeth with Elmex Geleé®.

yes no

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

yes no

I agree that my child will participate in fluoridation with Elmex Geleé® up to 3 times this school year

yes no

Place, Date

1) _____
Signature of parent/ legal guardian

2) _____
Signature of parent/ legal guardian

Please let your child return the signed consent in an envelope.

Your child is not allowed to participate in the fluoridation treatment without your signed consent.