HEYA HM logo silver
**hippo picture with toothbrush
Healthy Mouths Daily Supervised**

**Tooth brushing Enrolment Form**

Name of Nursery/Pre-School/School: ……………………………………………………………………………………………………………

Full name of child: …………………………………………………………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………………..

Postcode: ……………………………… Tel. No. : ………………………………………… Date of birth: …………………………………..

Boy Girl Does your child see a dentist? Yes No

**If YES:**  Dentist’s/Practice Name (if known): ………………………………………………………………………………………………….

**If No:**

Would you like some help in finding an NHS dentist? Yes No

I confirm I have read and understood this information.

Yes No

**Consent - Daily supervised tooth brushing**

Please enrol my child in the tooth brushing programme Yes No

I give my permission for my child’s dental information to be used for the

![hippo with toothbrush
]()Monitoring and evaluation of the programme Yes No

This information will be used in accordance with the Data Protection Legislation

I give permission for the Oral Health Promotion Service or those acting on

their behalf to contact me to gather further information Yes No

Signature of parent/legal guardian:

………………………………………………………………………………………………………………………………

Print Name:

……………………………………………………………………………… Date: ………………………………