**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

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: ………………………………