Date: YYYY MM DD

英語申し込みについて

Form 1 / 様式１

To parents and guardians:

General Manager

Dentist in Charge

Regarding Applications for Fluoride Mouthwash

フッのしみについて

The City of Shizuoka, along with the Prefectural and National Government, promotes “Fluoride Mouthwash”. Fluoride mouthwash is a safe and effective way to prevent cavities. The number of children with cavities in Japan is decreasing. However, there are still children with cavities who are unable to chew due to reasons such as lack of access to dental care, or having more than 10 untreatable decayed teeth. Fluoride mouthwash not only decreases cases like this, it is an effective form of cavity prevention for all children. We know how important your child is to you, and therefore we ask for your cooperation with fluoride gargling.

|  |  |  |
| --- | --- | --- |
| １ | Method  　　： | Gargling for 1 minute everyday (5 days a week) with fluoride mouthwash. If you do not wish fluoride to be used, tap water will be used instead.  フッで５、１ぶくぶくうがいをします。  されないは、にてをいます。 |
|  |  |  |
| ２ | Cost  　　： | Free (paid for by the City of Shizuoka)  () |
|  |  |  |
| ３ | Start Date  ： | YYYY　　MM　　DD　から |
|  |  |  |
| ４ | How to apply:  : | Submit the “Fluoride Mouthwash Application Form” to the facility your child attends by the following date: 　MM　　DD  「フッ」を　　までににしてください。 |
|  |  |

記

以上

**Fluoride Mouthwash Application Form**

英語申込書

Form 2　様式２

フッ

Date: 　YYYY　　MM　　DD

To the General Manager

\*Circle one of the following:

※　どちらかを○でんでください。

1. I would like my child to receive fluoride mouthwash.

フッをします。

1. I do not wish for my child to receive fluoride mouthwash.

(In this case tap water will be used to wash your child’s mouth)

フッをしません。

(されないは、によるをおこないます)

Child’s name　［　　　　　　　　　 　　 　 　　 　］

（　　　　　　　 Class (*kumi*) name / ）

Parent/Guardian’s name　［　　　　　　 　　　　　　　　］