<u>Informed consent</u> on the application

of Elmex Gelee

Dear parents and guardians,

by means of specific measures predominantly taken by the Bavarian State Working Group for Dental Health (LAGZ), tooth health of Bavarian school children has notably improved in recent years. LAGZ (an association of dental corporations and all health insurance associations) has triggered and supported this positive development for the last 20 years and is still dedicated to this important and valuable task.

LAGZ is charged by the Land of Bavaria to improve dental health by offering individual programs. This is achieved e.g. through targeted health education in day care centres and schools. One of the key pillars in the fight against caries is fluoride. This dietary mineral stops caries from spreading or even undoes it. Moreover it helps to strengthen the resiliance of the dental enamel while simultaneously inhibiting the acid production of bacteria at the teeths' surface. Since fluoride is not provided sufficiently by our daily food, it has to be delibaretely supplied through dietary supplements or dental hygiene products. One product has proven especially effective, the well known fluoride containing compound Elmex Gelee, which can be easily applied in a controlled manner to your children's teeth e.g in the course of brushing practices. One big advantage of the jelly is a high emission of fluoride to the teeths' surface so that two applications per month are sufficient to measurably reduce the development of caries especially for children with a tendency of developing caries.

It is planned that Elmex Gelee is applied to your child's teeth right after a common brushing practice on _____ by a LAGZ dentist.

This measure will be free of cost for you.

In case of question please contact supervising LAGZ dentist _____ (phone: _____)

With kind regards,

your LAGZ

→ → **p.t.o.**

Please complete the form below and hand in at school

I/WE □ agree □ disagree to the planned free application of Elmex Gelee to my/our child's

teeth in the course of a brushing practice.

….....
(Family name, first name of child) (Date of birth) (Form)

….....
(Adress)

Homely use of fluoride: (please tick)

□ fluoridated table salt □weekly application of fluoride gel □ intake of fluoride tablets (daily)

Known allergies ….....

….....
(Date) (Signature)