

基督教宣道會錦綉幼稚園/幼兒學校通告 (第20 / 21-46號)

有關幼稚園學童牙科保健事宜

敬啟者：

本校獲香港大學牙醫學院與香港賽馬會慈善信託基金邀請，為本校幼兒提供「賽馬會幼童健齒計劃」(口腔健康檢查)。其目的是為幼兒及早診斷及預修蛀牙(是次檢查服務費用全免)。本校將安排牙科醫生於2021年6月10日(星期四)到校為幼兒進行牙齒檢查。

幼兒經牙醫檢查後，牙醫會按臨床需要提供簡單的氟化氫銀溶液治療(此項治療須先獲家長同意方會進行)。氟化氫銀證實能有效停止蛀牙，對人體安全，塗上氟化氫銀後，蛀壞的牙齒組織會硬化及變為黑色，這可能會影響牙齒的外觀。敬請各家長填妥回條及家長同意書並於2021年5月4日(星期二)前交回班主任。

此致
貴家長

基督教宣道會錦綉幼稚園/幼兒學校



校長 林琮美 啟
林琮美

2021年4月26日

回 條

敬覆者：

本人同意 / 不同意 敝子弟 _____ (_____ 班)參與香港大學牙醫學院與香港賽馬會慈善信託基金所舉辦「賽馬會幼童健齒計劃」(口腔健康檢查)，並如有需要下接受 / 不接受 氟化氫銀溶液治療。

此 覆

基督教宣道會錦綉幼稚園/幼兒學校

家長姓名： _____ 家長簽署： _____

日 期： _____

C. & M. A. Fairview Park Kindergarten/ Nursery School Notice(20/21-046)
"Jockey Club Children Oral Health Project"

26th April, 2021

Dear Parents :

Our school was invited by the University of Hong Kong School of Dentistry and the Hong Kong Jockey Club Charities Trust to provide the "Jockey Club Children Oral Health Project" (oral health check) to the school children. Its purpose is to diagnose and repair tooth decay as early as possible for young children (the examination service is free of charge). Our school will arrange for a dentist to come to school for dental checkups on 10th June, 2021 (Thursday).

After the child is checked by the dentist, the dentist will provide a Silver Diamine Fluoride treatment according to the clinical needs (this treatment must first be approved by the parents). Silver Diamine Fluoride has proven to be effective in stopping tooth decay and is safe for the human body. After applying Silver Diamine Fluoride, the decayed tooth tissue will harden and turn black, which may affect the appearance of the teeth. Parents are kindly requested to fill in the reply slip and parental consent form and return it to the class teacher before 4th May 2021 (Tuesday).



Yours sincerely,

Helen Lam
Lam King Mei Helen
The Principal

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Reply slip

To: C. & M. A. Fairview Park Kindergarten

I **agree / do not wish** my child _____ (_____ class) participate the University of Hong Kong School of Dentistry and the Hong Kong Jockey Club Charities Trust to provide the "Jockey Club Children Oral Health Project" (oral health check) for the school children, and **accept / not accept** vaporized Silver Diamine Fluoride treatment solution treatment if necessary.

Parent's Name: _____

Parent's Signature: _____

Date: _____