

18 July 2022

Dear Parent /Guardian,

Jockey Club Children Oral Health Project - Parental Consent Form

Supported by The Hong Kong Jockey Club Charities Trust, Faculty of Dentistry of the University of Hong Kong launches the “Jockey Club Children Oral Health Project”. We aim to screen Hong Kong’s preschool children for tooth decay, control existing cavities and to prevent further decay. The kindergarten your child attended has participated in the project, and we cordially invite you to join the dental check-up.

Children will first undergo an oral screening conducted by our dentists. The check-up is non-invasive, which will not cause any wounds. Silver diamine fluoride (SDF) solution will be applied to cavities of the children who have parental consents, as indicated clinically. The service will be carried out in the presence of teachers, and parents are not needed to accompany the children. Individual dental report on your child’s oral condition will be sent to you via the kindergarten after the dental check-up.

Early childhood caries cause pain and infection. Advanced caries will progress into the tooth pulp, which will significantly affect the children’s nutrition and consequently, their growth, development, and general health. Therefore, once children are found having cavities, we highly recommend parents to arrange treatment for them immediately. Applying silver diamine fluoride (SDF) is one of the options. It requires relatively short chair time for application, which is a more preferable approach to children. SDF solution has been proven effective in slowing down tooth decay, and safe to use in children causing no significant impact on general health. **When cavities with SDF applied turn black, which is an expected outcome, it indicates that the active decay is stopped successfully.** Please visit <https://www.jcchp.hku.hk/aboutsdf> or scan the QR code at the end of this page for photos of decayed teeth after the SDF treatment and further information about SDF.

The service is free-of-charge. Your child is invited to receive the dental check-up; while you can also arrange your child for the dental check-up without any SDF treatment. Participation of the project will not affect your child’s study in the kindergarten. Besides, videos and / or photos may be taken during the check-up, which will only be used for teaching purpose of the university.

The service is for screening purpose. Therefore, please note that the dentist may not be able to diagnose all decay and cannot provide any treatment other than the SDF application with limited resources. Parents are advised to take the children to see any dental surgeons at their own cost if necessary or in doubt.



SDF-treated Decay
Photos & Info

Besides, we sincerely invite you to a seminar for parents about oral health education. Our dentist will highlight the common oral health-related problems amongst preschool children and the findings of children's oral health status. They will also introduce the dental outreach service in the seminar. There will be a Q&A session at the end of the seminar, which you are welcomed to raise any questions about children's oral health to our dentists. You will receive further details about the seminar via the kindergarten.

If you need further information, please contact us via your kindergarten.

We look forward to your participation in the project.

Yours sincerely,



Professor Chun-Hung Chu
Project-in-charge
Jockey Club Children Oral Health Project

Jockey Club Children Oral Health Project - Parental Consent Form
Reply Slip

School No. #677
(for office use only)

I understand the purpose and content of the "Jockey Club Children Oral Health Project".
(* Please circle the applicable)

1. I **agree / disagree*** to give consent for _____ (Full Name), who is in **K1 / K2 / K3*** to participate in the dental check-up.

I understand that his / her information of gender and date of birth is required for the assessment of oral health, and therefore I authorise the school to provide the information to the project team.

2. I **agree / disagree*** to let my child receive silver diamine fluoride treatment if indicated clinically.

I understand if my child receives the treatment, **the cavities with SDF applied will turn black and the dental appearance may be affected.**

3. (Please put a tick "✓" in the appropriate box)

My child does **not have** allergy to **latex, silver or fluoride.**

My child **has** allergy to **latex** **silver** **fluoride.**

I understand that participation is on a voluntary basis. My child can withdraw from the project at any time and is not liable for any loss.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____