**Te Hā o Aoraki – *The Breath of Aoraki***

**South Canterbury Toothbrushing Programme**

Protecting the smiles of our Tamariki

*…date…*

Kia ora koutou

At *…name of education setting …* we recognise the importance of oral health of tamariki so we have partnered with South Canterbury DHB, Community and Public Health, Community Dental Service and Arowhenua Whānau Services to start Te Hā o Aoraki *(The Breath of Aoraki) –* South CanterburyToothbrushing Programme. Toothbrushing programmes in Aotearoa New Zealand and overseas education settings have been shown to make a real positive difference to tamariki oral health.

Locally, the programme has been piloted in He Manu Hou, an Early Childhood Setting, and Arowhenua Māori School and is now being offered to a selection of Early Childhood Centre’s and Junior Primary Schools in South Canterbury.

**As part of Te Hā o Aoraki toothbrushing programme, tamariki will:**

* Brush their teeth once a day at *name of education setting* with fluoride toothpaste to help strengthen and protect teeth
* Be supervised when brushing
* Have their own toothbrush which is hygienically stored and cleaned regularly
* Be encouraged to continue to brush twice a day at home with fluoride toothpaste
* Have oral health messages woven into the daily programme at *name of education setting*.

As part of good oral health, we encourage all tamariki to be enrolled with the Community Dental Service that provides FREE dental care from birth till School Year 8. Call 0800 846 983 or email commdental@cdhb.health.nz to enrol, make an appointment or update contact details.

We plan to start daily toothbrushing on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions about Te Hā o Aoraki please kōrero with one of the kaiako.

…………………………………………………………………………………………………………………………………………………………….

*If for any reason you don’t want your tamariki to be involved in this programme, please complete and return this section.*

***I do not want****……………………………………………………………………………… to participate in the Te Hā o Aoraki Toothbrushing Programme unless I advise otherwise.*

*Parent / Guardian signature: ............................................................ Date..................................*