



善一堂安逸幼稚園

2021/22 學年賽馬會幼童健齒計劃



各位親愛的家長：

大家好，學齡前兒童蛀牙（或稱早期兒童齲）是兒童最常見的疾病，有研究報告指出，香港大約有一半的五歲兒童患有「兒童早發性齲齒」，俗稱「蛀牙」，而當中超過九成兒童更未有接受治療。早期兒童齲可引致痛楚及感染，嚴重的齲齒會侵入到牙髓，逐漸形成牙瘡。而且，受損的牙齒會嚴重影響兒童日常的營養吸收，從而影響其發育及整體健康，情況極須關注。

本園一向致力培育幼兒建立良好品德及鼓勵幼兒在學業上努力以求取進步，在幼兒的健康方面更為關注。故此，本園已於去年開始報名參加「賽馬會幼童健齒計劃」。本年度亦獲此計劃接納申請及安排牙醫及助理員於6/12/2021(星期一)上午到校為全校兒童提供免費牙科檢查服務，藉此控制小朋友蛀牙情況，防止蛀牙情況惡化。至於家長服務方面，貴家長可於13/11/2021(星期六)上午10:00 - 11:30透過視像會議方式出席此計劃舉辦之「口腔健康教育家長講座」，以瞭解學前兒童最常見之口腔疾病和口腔護理問題及此計劃之外展牙科服務，使能更有效幫助貴子弟建立保護口腔和牙齒健康的良好生活習慣。

隨函附上2021/22學年「賽馬會幼童健齒計劃」家長同意書，請貴家長填妥資料後於20/10/2021(星期三)或之前交回班主任收，以便本園統一辦理。

如貴家長對此通告內容有任何疑問，歡迎於辦公時間內致電2345 1222與校務處職員聯絡，謝謝各位家長。



校務處 謹啟

資料派發日期：2021年10月16日

家長 / 監護人：

「賽馬會幼童健齒計劃」家長同意書

香港大學牙醫學院獲香港賽馬會慈善信託基金捐助，推行為期三年的「賽馬會幼童健齒計劃」，向本港幼稚園學童提供牙科檢查服務，以檢查及控制蛀牙（齲齒）情況，防止蛀牙情況惡化。貴子弟就讀的幼稚園已參加此計劃，我們現誠邀貴子弟參加計劃下的牙科檢查。

團隊的牙醫首先會為學童進行基本口腔檢查，整個過程不會造成任何傷口。如發現學童有蛀牙，並已經獲得家長同意，牙醫會依據臨床需要為學童即場進行氟化氨銀治療。屆時幼稚園老師將會在場，無需家長陪同。檢查完成後，家長會經學校收到學童的個人口腔報告，列明學童的口腔狀況及所需治療。

早期兒童蛀牙可引致痛楚及感染，嚴重的蛀牙更會侵入到牙髓，並妨礙兒童的營養吸收，從而影響其發育及整體健康。故此，一旦發現兒童有蛀牙，我們建議家長盡早安排孩子接受牙科治療。氟化氨銀治療是其中一個選擇，治療時間較短，過程亦容易讓兒童接受。氟化氨銀（Silver Diamine Fluoride，簡稱 SDF）已被證實能夠有效減緩蛀牙惡化，並且不會危害人體，可安全用於兒童口腔內。齲齒塗上氟化氨銀後，已蛀部分會變為黑色，標誌治療已成功阻止蛀牙惡化。您可到本計劃網頁 <https://www.jcchohp.hku.hk/aboutsdf> 或掃描本頁下方的二維碼，查看塗上氟化氨銀後的齲齒相片，並了解更多關於氟化氨銀的資料。

計劃提供之服務費用全免，由家長以自願性質安排子女參加；家長亦可以選擇讓學童只接受口腔檢查而不接受氟化氨銀治療。參加此計劃不會影響貴子弟於幼稚園的課堂安排。此外，我們有機會於檢查過程中進行拍攝，所蒐集的資料僅用於教學用途。

是次牙科檢查屬基本檢查，故此我們未能診斷臨床上不明顯的蛀牙及其他牙科問題，亦未能提供其他牙科治療。家長如有疑問，可自費安排學童向註冊牙醫求診，作詳細口腔檢查。

此外，我們亦邀請您參加家長口腔健康教育講座，由團隊的牙醫簡介學前兒童常見口腔疾病和口腔護理，以及介紹我們的外展牙科服務。講座設有問答環節，我們歡迎您屆時向牙醫查詢關於口腔健康的問題。幼稚園將於稍後告知您詳情，請撥冗參與。

如有任何查詢，歡迎您通過幼稚園聯繫我們。



塗上氟化氨銀後的
齲齒相片及資訊

Organised by 主辦機構



Funded by 捐助機構



謝謝您支持「賽馬會幼童健齒計劃」！

賽馬會幼童健齒計劃
項目負責人

朱振雄

朱振雄 教授
二零二一年五月六日

「賽馬會幼童健齒計劃」家長同意書
回條

學校編號：#214
(只供內部參考)

本人明白「賽馬會幼童健齒計劃」的目的和內容。

(* 請圈出適用者)

1. 本人 同意 / 不同意 * 敝子弟 _____ (姓名) , 現就讀 K1 / K2 / K3 *
接受此計劃之牙科檢查。本人明白敝子弟接受此牙科檢查, 需要提供其性別及出生日期資料作評估用途, 故現授權學校提供上述資料予計劃團隊。
2. 本人 同意 / 不同意 * 敝子弟接受氟化氨銀溶液治療 (如有需要) 。
本人明白如敝子弟接受此治療, 蛀牙部分會變為黑色, 有可能影響牙齒外觀。
3. (請在下列適用之方格內填上別號「✓」)
 敝子弟對乳膠、銀金屬或氟化物 沒有 過敏反應。
 敝子弟對 乳膠 銀金屬 氟化物 有 過敏反應。

本人明白參與是次檢查純屬自願性質。敝子弟可以隨時選擇退出, 而不需要承擔任何損失。

家長 / 監護人 姓名 : _____

家長 / 監護人 簽署 : _____

日期 : _____

6 May 2021

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.jccohp.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. #214
(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 _____ (Student 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: _____