家長/監護人：

「學前兒童口腔健康外展計劃」

衞生署於 2026/27 學年起推出「學前兒童口腔健康外展計劃」(「計劃」)，旨在透過合資格的服務機構，為全港年滿 32 個月或以上的幼稚園兒童提供到校免費口腔健康服務，進一步加強學前兒童的口腔健康防護，推廣以預防為重的基層口腔健康護理。

你的子女就讀的幼稚園已參加計劃，本機構將於 2026 年 11 月 20 日(五) 安排牙科外展團隊到校為學生提供服務。 現誠邀你的子女參加計劃。家長以自願性質安排你的子女參加。屆時幼稚園老師將會在場，家長無需陪同。

在計劃下提供的服務費用由政府全數資助，免費服務範圍包括：

- 口腔檢查；
- 口腔健康風險評估；
- 按需要為學童塗抹氟化物；
- 口腔健康報告；及
- 為有蛀牙學童的家長提供個人口腔護理建議。

有關計劃內容，歡迎瀏覽計劃網頁 (https://www.communitydental.gov.hk/tc/oohp/introduction_of_oohp.html) 。如有任何查詢，歡迎你聯繫我們。

人生最早期階段的口腔健康護理極之重要，透過在學前階段建立良好的生活習慣，有助兒童終身保持口腔及身體健康。

謝謝你支持「學前兒童口腔健康外展計劃」！

仁愛堂

2026 年 10 月 15 日

學前兒童口腔健康外展計劃

家長同意書

填寫注意事項：

・請仔細閱讀附頁的資料。請用黑色或藍色原子筆以正楷填寫適當的部分，並在合適的 ☐ 內加上「✓」號及在「*」號刪去不適用者。如有修改，須在旁加簽作實。

・第一部分（計劃參加者資料）及第二部分（同意書／不同意書－服務項目）須由父母或監護人填寫及簽署。在簽署本同意書前，請先查閱網頁（https://www.communitydental.gov.hk/tc/oohp/introduction_of_oohp.html）及閱讀附頁有關「牙面氟化鈉」及「牙面氟化氨銀」的資料。

・如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

・註釋

「**政府**」指中華人民共和國香港特別行政區政府。

「**計劃**」指學前兒童口腔健康外展計劃。

「**註冊牙醫**」的意思與《牙醫註冊條例》（香港法例第 156 章）中賦予它的意思相同。

「**服務機構**」指已向政府提交服務計劃書並獲接納為參與計劃的機構。

第一部分【計劃參加者資料】

（一）計劃參加者資料

學童姓名[中文]（請依照身份證明文件填寫）

姓：_____

名：_____

學童姓名[英文]（姓氏先行，名字隨後）

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

出生日期：☐☐ 日/ ☐☐ 月/ ☐☐☐☐ 年　　性別：☐ 男　☐ 女

出生地點：☐ 香港

☐ 中國內地，學童抵港日期：☐☐ 日 ☐☐ 月 ☐☐☐☐ 年

☐ 其他，請註明:_____，學童抵港日期：☐☐ 日 ☐☐ 月 ☐☐☐☐ 年

學童之香港出生證明書號碼：

☐☐ ☐☐☐☐☐☐（☐）

如學童沒有香港出生證明書，請以其他身份證明文件填寫：

類別：_____

號碼：_____

並必須隨同意書附上該身份證明文件的副本。

就讀的幼稚園：順德聯誼總會 屯門梁李秀娛幼稚園

級別*： N1 / K1(N2) / K2(N3) / K3(N4) / 其他

班別：_____ 班號：_____

**刪去不適用者*

（二）計劃參加者病歷

請提供準確且完整的病歷資料，有助服務機構提供適當的護理。

☐ 哮喘，上次發作日期：_____

☐ 遺傳病／長期病患（請註明）：_____

☐ 長期服用藥物（請註明）：_____

☐ 過敏反應：

☐ 乙醇（酒精） ☐氟化鈉 ☐松香 ☐銀金屬 ☐氨（亞摩尼亞） ☐ 氟化物 ☐ 乳膠 ☐ 蜂蠟

☐藥物（請註明）：_____ ☐ 其他（請註明）：_____

第二部分【同意書／不同意書—服務項目】

本人已經詳閱及明白計劃的內容，包括附頁有關「氟化鈉治療」和「氟化氨銀治療」的資料、可能的副作用和禁忌症、承諾及聲明和收集個人資料的用途聲明。

本人 同意 / 不同意* 上述子女/受監護者（上附資料）參加學前兒童口腔健康外展計劃。

本人 同意 / 不同意* 上述子女/受監護者（上附資料）如情況合適下塗上牙面氟化鈉（NaF）。

本人 同意 / 不同意* 上述子女/受監護者（上附資料）如情況合適下塗上牙面氟化氨銀（SDF）。

參加本計劃代表你承認並同意授權衞生署署長向本人、學生就讀幼稚園、政府部門及政策局索取學生的所有相關資料及計劃中所收集的個人資料及有關的任何資料，包括健康及牙科記錄，日後可能會被上載至醫健通。獲授權的醫護機構，包括服務機構亦會就因應於計劃中所收集的資料協助更新醫健通上的記錄。

如**不同意**接受此等安排，請於框內勾選“✓”。☐

學童之父母 / 監護人姓名：	與學童關係： ☐父 ☐母 ☐監護人
父母／監護人身份證明文件及號碼： ☐香港身份證號碼：⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊X⌋⌊X⌋⌊X⌋（⌊X⌋） ☐其他身份證明文件，請註明 類別：_____ 號碼：⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋	父母／監護人聯絡電話： 父母／監護人簽署： 簽署日期： ⌊_⌋⌊_⌋ 日/ ⌊_⌋⌊_⌋ 月/ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ 年

第三部分【承諾及聲明】

1. 本人特此聲明，本人在此同意書中所提供的一切資料，全屬真確。本人特此聲明，本人向政府提供的資訊在提供時在各方面都是最新的、真實的、準確的和完整的。
2. 本人同意把此同意書中本人／本人子女／受監護者的個人資料及有關的任何資料供政府用於「收集個人資料目的」所述的用途。本人特此同意服務機構將上述個人資料及有關的任何資料轉交及發放予政府、其代理人或其他獲政府授權的人士。本人備悉政府或會與我聯絡，以核實有關資料及本人／本人子女／受監護者使用政府資助以接受學前兒童口腔健康外展計劃服務事宜。
3. 此同意書受香港特別行政區法律管限，並須按照香港特別行政區法律解釋；本人及政府須不可撤銷地接受香港特別行政區法院的專屬司法管轄權管轄。
4. 本人已仔細閱讀此同意書及完全理解此同意書中本人的義務和責任。

第四部分【收集個人資料目的聲明】

收集個人資料目的

1. 任何資料，包括就申請加入計劃向政府提供的個人資料（「申請」），或政府在計劃運作期間收集者，會供政府作下列一項或多項用途（如適用）：(a) 處理你的申請；(b) 管理、監察、審計和評估計劃，包括但不限於處理政府資助，在計劃範圍內提供計劃服務、向計劃參加者收取行政費用或共付額（如有），以及調查事件和投訴等；(c) 統計、監察計劃、評估和研究用途；(d) 推廣健康計劃及健康資訊；(e) 與上述任何用途直接相關的用途；以及(f)香港法例規定、授權或准許的任何其他用途。

2. 在本表格內提供個人資料純屬自願。作為加入計劃的申請人和申請人的家長或監護人，如你不同意提供個人資料，政府可能無法處理你的申請。

可獲轉交資料的機構／人士類別

3. 為施行上文第 1 條所述目的，有關的個人資料將轉交並供直接參與計劃的牙科和衞生範疇專業人士使用，包括：(a)根據《牙醫註冊條例》（香港法例第 156 章）註冊並已成功加入計劃的註冊牙醫及其授權用戶（即由該等註冊牙醫指定為其和代表其登入和使用計劃資訊科技平台，以協助其履行計劃服務的人士）；(b)專職醫療人員及其代理人；(c)醫院管理局；(d)香港牙醫管理委員會及其代理人；以及(e)政府的代理人。

4. 你所提供的個人資料將會保密。然而，政府可能會為上文第一條所述之任何目的，在必要範圍內將你所提供的此等個人資料披露予其他人士、組織、專業規管委員會及理事會，以及第三方（包括政府就學前兒童口腔健康外展計劃服務所委聘的代理人）。

查閱個人資料

根據《個人資料（私隱）條例》（香港法例第 486 章）第 18 及 22 條，以及附表 1 第 6 保障資料原則，你有權要求查閱及更正你的個人資料。政府有權就處理任何查閱及／或更正資料的要求收取合理費用。

查詢

有關所提供個人資料的查詢(包括查閱和改正資料)，應送交：

九龍灣宏遠街 1 號一號九龍 26 樓 01-P03、P08-09 單位衞生署社區牙科服務

查詢電郵：am3_cds@dh.gov.hk

電話號碼：(852) 2111 3005 傳真：(852) 2111 3877

附頁一 - 【電子健康系統(醫健通)】

電子健康系統（醫健通）是全港性、以病人為本的電子互通平台，讓獲授權的公私營醫護機構取覽和互通參與病人的電子健康紀錄作醫護用途。登記加入醫健通後，醫院管理局（醫管局）、衞生署及個別獲你授權的私營醫護機構可於提供醫護服務時按「有需要知道」的原則取覽你的電子健康紀錄，以能為你提供更適時的診斷及治療，並減省重複檢驗。參與醫健通屬自願性質，費用全免，你可隨時退出醫健通或撤銷給予任何醫護機構（醫管局和衞生署除外）的授權。

如你有任何關於醫健通登記及其他事項查詢，請聯絡電子健康紀錄申請及諮詢中心(熱線: 3467 6300)。你亦可了解更多有關醫健通的詳情，請瀏覽網站 www.ehealth.gov.hk。

附頁二 - 牙面氟化物劑

【牙面氟化鈉（NaF）及 牙面氟化氨銀（SDF）的資料】

請仔細閱讀資料。如對你的子女是否適宜接受牙面氟化物劑有任何疑問，請先諮詢牙科醫生意見。

1. 甚麼是蛀牙和可能引致的後果？

- 牙齒表面經常黏附著一層牙菌膜。每次吃喝時牙菌膜的細菌會分解食物中的糖分，產生酸素，酸素可致牙齒組織的礦物質流失。因此不良的口腔健康習慣如頻密的飲食，和忽視口腔清潔等都可能引致蛀牙。
- 蛀牙可能帶來持續不斷的疼痛，影響食慾、學業、工作、睡眠，甚至身體健康。
- 蛀牙嚴重時，細菌可能從牙髓經根尖孔擴散到鄰近的牙周組織，引致發炎，並可能產生膿腫。
- 到牙齒已受嚴重破壞，進行牙髓治療也可能無法把牙齒修復時，就必須把牙齒拔除。拔除牙齒後，相鄰的牙齒就可能會移向缺牙空位，造成牙齒移位。

2. 甚麼是牙面氟化物劑？

- 在一百多年前，氟化物（Fluoride）已獲證實能有效預防蛀牙。直到現在，氟化物已廣泛地應用在牙科領域上。常見的口腔護理用品如牙膏、漱口水、牙線等，大都加有氟化物。
- 牙面氟化物劑是塗抹在牙齒表面含有高濃度的氟化物，當中的氟離子與牙齒琺瑯質相互結合形成一個保護層，強化牙齒抵抗酸的能力，有助預防及修復蛀牙。

3. 為何建議兒童接受塗抹牙面氟化物劑？

- 衞生署 2021 年口腔健康調查報告指出，超過四成 5 歲兒童有蛀牙經驗，影響平均 2 隻牙齒。在這些兒童當中更有一半有 4 隻或以上的牙齒曾經蛀過。
- 世界衞生組織（WHO）已經把含氟物列入**《兒童基本藥物標準清單》**。
- 牙面氟化物劑為非入侵性治療，治療所需時間短，過程容易令兒童接受。

牙面氟化鈉（NaF）

4. 甚麼是牙面氟化鈉（NaF）？

- 牙面氟化鈉（NaF）是塗抹於牙齒表面啫喱狀的氟化物劑，常用來預防蛀牙。
- 其治療程序非常簡單，只需用小棒子將此物料塗在牙面上便可。

5. 牙面氟化鈉（NaF）可能有甚麼副作用？

- 塗抹牙面氟化鈉（NaF）產生副作用的可能性極低，但使用劑量必須由牙科醫生決定及控制，否則過量塗抹可能導致「氟斑症」（牙面出現白色斑紋）。
- 儘管極為罕見，如接受牙面氟化鈉（NaF）後出現口舌腫脹或呼吸困難等的嚴重過敏反應，患者必須立即求醫。

6. 誰不宜接受牙面氟化鈉（NaF）？

- 對牙面氟化鈉塗劑或其任何成份有過敏的人士都不適宜接受牙面氟化鈉（NaF）。牙面氟化鈉塗劑的成份可能包括但不限於：乙醇（酒精）、氟化鈉、松香等等。

牙面氟化氨銀（SDF）

7. 甚麼是牙面氟化氨銀（SDF）？

- 牙面氟化氨銀（SDF）是一種經臨床實驗證明能有效遏止蛀牙過程的物料。其主要成分為銀和氟化物，銀能有效地抑制細菌，而氟化物則能強化牙齒。
- 牙面氟化氨銀（SDF）的使用會視乎個人的口腔狀況及主要適用於乳齒。其治療程序非常簡單，只需用小棒子將此物料塗在蛀牙上便可。

8. 牙面氟化氨銀（SDF）可能有甚麼副作用？

- 塗抹牙面氟化氨銀（SDF)後，已蛀壞的牙齒組織會硬化及永久變為黑色。你可參閱以下網頁查看蛀牙在塗抹牙面氟化氨銀（SDF)後情況的例子照片。
  (https://www.toothclub.gov.hk/chi/pnc/pnc_2_1_7_9.html)
- 兒童接受塗抹牙面氟化氨銀（SDF)後，應該遵守牙醫的術後指引。他們可能會感覺口腔內有少許金屬味道，通常只會維持數小時。
- 塗抹牙面氟化氨銀（SDF)可能會引致牙齦、口腔黏膜或皮膚有輕微不適及／或短暫性染成灰色，徵狀一般會於數天內漸漸消退。如果情況持續，請盡快向牙科醫生求診。
- 儘管極為罕見，如接受牙面氟化氨銀（SDF）後出現口舌腫脹或呼吸困難等的嚴重過敏反應，患者必須立即求醫。
- 若牙面氟化氨銀（SDF）不慎沾染皮膚或牙齦，該污漬無法洗掉，但會在 1 至 3 週內自行消退。然而，衣物或其他表面上的 SDF 污漬可能為永久性。

9. 誰不宜接受牙面氟化氨銀（SDF)？

- 對牙面氟化氨銀塗劑或其任何成份有過敏、口腔內有潰瘍或疼痛傷口的人士都不適宜接受牙面氟化氨銀（SDF）。牙面氟化氨銀塗劑的成份可能包括但不限於：銀金屬、銀離子、氨（亞摩尼亞)、氟化物。

10. 除牙面氟化氨銀（SDF）外，有沒有其他針對蛀牙的療法？

- 有的。可以選擇不接受牙面氟化氨銀（SDF），關於其他針對蛀牙的療法，請尋求牙科醫生的意見。未經治療的蛀牙有可能會惡化，引致嚴重後果。

學前兒童口腔健康外展計劃

口腔健康風險評估

以下問卷部份應由孩子的父母或監護人填寫。請於每條題目選擇一個最合適的答案並在適當的☐內填上✓號。

1. 孩子開始刷牙時的年齡：
   - ☐ 他/她在 1 歲前開始刷牙
   - ☐ 他/她在 1 至 2 歲之間開始刷牙
   - ☐ 他/她在 2 至 3 歲之間開始刷牙
   - ☐ 他/她在 3 歲後開始刷牙
   - ☐ 他/她尚未開始刷牙。

2. 孩子每天刷牙多少次？
   - ☐ 少於一次／偶爾
   - ☐ 每天一次
   - ☐ 每天兩次或以上
   - ☐ 沒有刷牙習慣

3. 孩子是否使用含氟化物的牙膏刷牙？
   - ☐ 是　☐ 否　☐ 不知道

4. 孩子每天在正餐之間的進食次數多於兩次。
   - ☐ 是　☐ 否

5. 孩子是否仍使用奶瓶？
   - ☐ 是　☐ 否

6. 孩子是否每天飲用含糖或酸性飲品？
   - ☐ 是　☐ 否

7. 孩子入睡時是否需要飲著水以外的飲品？
   - ☐ 總是
   - ☐ 經常
   - ☐ 偶爾
   - ☐ 從不

評估完成，多謝！

15th October, 2026

Dear Parent / Guardian,

Outreach Oral Health Programme for Pre-school Children (OOHP)

The Department of Health launches the "Outreach Oral Health Programme for Pre-School Children" (OOHP) in the 2026/27 school year. The OOHP aims to provide oral health services to kindergarten children aged 32 months and above territory wide through organisations, further strengthening the oral health protection of preschool children and promoting a community-based preventive oral health care.

Your child's kindergarten has enrolled in the OOHP. The outreach dental services is scheduled for 20th November 2026. We would like to invite your child to join the OOHP. The participation in the OOHP is strictly voluntary. The service will be conducted in the presence of teachers, and parental accompaniment is not required.

Under the OOHP, the following services are provided free of charge and fully subsidised by the Government:

- oral screening;
- oral health risk assessment;
- topical fluoride application as appropriate;
- screening report; and
- individualised oral health home care advice for children with decayed teeth.

Please refer to the OOHP webpage (https://www.communitydental.gov.hk/en/oohp/introduction_of_oohp.html) for details. If you have any enquiries, please contact us.

Oral healthcare in the earliest stage of life is extremely important. Establishing appropriate lifestyles during pre-school years helps children maintain lifelong oral and general health.

Thank you for your support of the OOHP.

Yan Oi Tong

Outreach Oral Health Programme for Pre-school Children (OOHP)
Parental Consent Form

POINTS TO NOTE:

• Please read the information in the annexes carefully. Please complete the form in BLOCK LETTERS with a blue or black pen and put"✓"into the appropriate box(es) and * delete as appropriate. Any amendments must be initialled next to the changes for validation.

• Part I (PROGRAMME PARTICIPANT INFORMATION) and Part II (CONSENT/ REFUSAL – SERVICE ITEMS) shall be completed and signed by a parent or guardian of the participant. Please read the information at (https://www.communitydental.gov.hk/en/oohp/introduction_of_oohp.html) and the Annex on Sodium Fluoride Treatment and Silver Diamine Fluoride (SDF) treatments before you sign this form.

• If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

• **Interpretation**

"**Government**" means the Government of the Hong Kong Special Administrative Region of The People's Republic of China.

"**OOHP**" means the Outreach Oral Health Programme for Pre-school Children.

"**Registered Dentist**" has the meaning ascribed to it in the Dentists Registration Ordinance (Cap. 156).

"**Institution**" means an Institution whose Proposal is accepted and selected by the **Government** for participating in the **OOHP**.

Part I【Programme Participant Information】

1. PROGRAMME PARTICIPANT INFORMATION

Student's Full Name (as indicated in identity document)

Surname ⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋

Given Name ⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋

Chinese Name: _____

Date of Birth: ⌊⌋⌊⌋ DD/ ⌊⌋⌊⌋ MM/ ⌊⌋⌊⌋⌊⌋⌊⌋ YYYY Gender: ☐ Male ☐ Female

Place of Birth:

☐ Hong Kong

☐ Chinese Mainland and arrival date in Hong Kong ⌊⌋⌊⌋ DD ⌊⌋⌊⌋ MM ⌊⌋⌊⌋⌊⌋⌊⌋ YYYY

☐ Others, please state: _____ and
arrival date in Hong Kong ⌊⌋⌊⌋ DD ⌊⌋⌊⌋ MM ⌊⌋⌊⌋⌊⌋⌊⌋ YYYY

Hong Kong Birth Certificate (HKBC) number:

⌊⌋⌊⌋ ⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋⌊⌋ (⌊⌋)

If your child does not have HKBC, please fill in information of other identity document below:

Document Type: _____

Document No.: _____

AND attach a copy of the document to this consent form.

Kindergarten which student attends: SHUN TAK FRATERNAL ASSOCIATION TUEN MUN LEUNG LEE SAU YU KINDERGARTEN

Grade*: N1 / K1(N2) / K2(N3) / K3(N4) / Others

Class: _____ Class No.: _____

**Delete as appropriate*

2. MEDICAL CONDITION OF PROGRAMME PARTICIPANT

Please provide accurate and complete medical records to assist the Institution in providing appropriate care.

☐ Bronchial Asthma, date of last attack: _____

☐ Hereditary Disorder/ Long Term Medical Condition (specify): _____

☐ Long Term Medication (specify): _____

☐ Allergies:

☐ Ethanol (alcohol) ☐ Sodium Fluoride ☐ Rosin ☐ Silver metal ☐ Silver ions ☐ Ammonia

☐ Fluoride ☐ Latex ☐ Beeswax

☐ Medication (specify): _____ ☐ Other (specify): _____

Part II【Consent/ Refusal – Service Items】

I have read and understood all content and information of the **OOHP**, including information on Silver Diamine Fluoride Treatment and Sodium Fluoride Treatment in the Annex II, the Undertakings and Declarations and the Statement of Purposes of Collection of Personal Data.

I **AGREE / DISAGREE*** for my child/ward (named above) to participate in the **OOHP**.

I **AGREE / DISAGREE*** for my child/ward (named above) to receive Sodium Fluoride Treatment, if considered suitable.

I **AGREE / DISAGREE*** for my child/ward (named above) to receive Silver Diamine Fluoride (SDF) Treatment, if considered suitable.

By participating in the **OOHP**, you authorise the Director of Health to obtain all relevant information relating to the child from you, the kindergarten the child is attending and relevant **Government** Departments and Bureaux. You also acknowledge and agree that the personal data collected in the **OOHP** and any related information, including health and dental records, may in the future be uploaded to the Electronic Health System (eHealth). Authorised healthcare providers, including Institutions will also assist in updating the records on eHealth based on the information collected through the **OOHP**.

If you **do not agree** to the above arrangement, please put a tick "✓"in this checkbox. ☐

Name of Parent/ Guardian:	Relationship with student: ☐ Father ☐ Mother ☐ Guardian

Identity Document of Parent/ Guardian: □ Hong Kong Identity Card No.: ⌊⌊⌋ ⌊⌊⌊⌊X⌋X⌋X⌋ (⌊X⌋) □ Other identity document, please specify: Document Type: _____ Document No.: ⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊⌋	Contact Telephone No.: Signature of Parent/ Guardian: Date of Signature: ⌊⌊⌋ DD ⌊⌊⌋ MM ⌊⌊⌊⌊⌋ YYYY

Part III【Undertakings and Declarations】

1. I declare the information provided in this form is correct. I declare the information provided by me to the **Government** is up-to-date, true, accurate and complete in all respects at the time of provision.
2. I agree to provide my/my child/ward's personal data in this form and any information for the use by the **Government** for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Institution to transfer and release my/my child/ ward's personal data and any information to the **Government**, its agents, or other persons authorised by the **Government**. I note that the **Government** may contact me to verify whether my child/ my ward has received the **OOHP** services subsidised by the **Government**.
3. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region; and, I and the **Government** shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.
4. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Part IV【Statement of Purposes of Collection of Personal Data】

Purposes of Collection of Personal Data.

1. Any information, including the personal data provided to the **Government** in connection with any application for enrolment ("**Application**") in the **OOHP** or collected by the **Government** during the operation of the **OOHP** will be used by the **Government** for one or more of the following purposes (if applicable): (a) processing the **Application**; (b) administration, monitoring, auditing and evaluation of the **OOHP** including but not limited to processing of **Government** subsidy, providing services within the scope of the **OOHP**, and conducting investigation of incidents and complaints, etc.; (c) statistical, monitoring, evaluation and research purposes; (d) promotion of health programmes and information; (e) other purposes directly related to any of the above stated purposes; and (f) any other purposes as may be required, authorised or permitted by laws of Hong Kong.

2. The provision of personal data in the form is voluntary. However, if the applicant for enrolment in the **OOHP** ("**Applicant**") and the parent or guardian of the **Applicant** do not provide consent to the provision of personal data, the **Government** may not be able to process the **Applicant**'s **Application**.

Classes of Transferees

3. The personal data will be transferred to and used by professional parties in the dental and health field which are directly involved in the **OOHP** including: (a) the Institutions and their registered dentists (who have registered under the Dentists Registration Ordinance (Cap. 156 of the laws of Hong Kong) and have successfully joined the **OOHP** and their authorised

users (i.e. persons designated by registered dentists to log in to and use the information technology platform of the **OOHP** on their behalf and for them to assist in the performance of the **OOHP**)); (b) allied health professionals and their agents; (c) the Hospital Authority (d) the Dental Council of Hong Kong and its agents; and (e) the **Government**'s agents, for the purposes set out in Clause 1 above.

4. The personal data you provide will be kept confidential. However, such personal data provided by you may also be disclosed by the **Government** to other persons, organisations, professional regulatory boards and councils, and third parties including the **Government**'s agents engaged for the **OOHP**, for any of the purposes stated in Clause 1 above to the extent necessary.

Access to Personal Data

5. Being an individual to whom personal data belongs, you have a right to request access to and correction of your personal data under sections 18 and 22 of the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong). A reasonable fee may be charged by the **Government** for processing any data access and/or correction request.

Enquiries

6. Any enquiries concerning the personal data provided, including request data access and corrections, should be addressed to:

Community Dental Service
Department of Health
Unit 01-P03, P08-09, 26/F, One Kowloon,
1 Wang Yuen Street Kowloon Bay,
Hong Kong
Email address: am3_cds@dh.gov.hk
Hotline: (852) 2111 3005
Fax: (852) 2111 3877

Annex I – Electronic Health System (eHealth)

The Electronic Health System (eHealth) is a territory-wide, patient-oriented electronic sharing platform which enables authorised healthcare providing organisations in the public and private sectors to access and share participating patients' electronic health records (eHR) for healthcare purposes. After joining eHealth, the Hospital Authority (HA), the Department of Health (DH) and individual private healthcare providers authorised by you can access your eHR on a need-to-know basis in the course of providing healthcare to enable more timely diagnosis and treatment, and reduce duplicate diagnostic tests. Joining eHealth is voluntary and free of charge. You can withdraw from eHealth or revoke any sharing consent given to a healthcare provider (other than HA and DH) anytime.

For enquiries about registration or other issues about eHealth, please contact Electronic Health Record Registration Office at 3467 6300. For more information about eHealth, please visit the website at www.ehealth.gov.hk.

Annex II – Topical Fluoride

【Information of Sodium Fluoride Treatment and Silver Diamine Fluoride (SDF)】

Please read the information carefully. If you have any questions about whether your child is suitable for topical fluoride treatments, please consult a dentist first.

1. What is Tooth Decay and its Potential Consequences?

- A thin, sticky film called dental plaque constantly forms on the surface of teeth. Every time you eat or drink, the bacteria in the plaque break down sugars from the food and produce acids. These acids can cause minerals to be lost from the tooth structure. Therefore, poor oral health habits, such as frequent eating and drinking and neglecting oral hygiene, can lead to tooth decay.
- Tooth decay can cause persistent pain, affecting appetite, schoolwork, work, sleep and even overall health.
- In severe cases, bacteria from the tooth's pulp can spread through the root tip opening to the surrounding periodontal tissues and cause inflammation and potentially leading to an abscess.
- When a tooth is severely damaged and cannot be saved even with root canal treatment, it must be extracted. After a tooth is extracted, the adjacent teeth may shift into the empty space and cause misalignment.

2. What is Topical Fluoride?

- Over a century ago, fluoride was proven effective in preventing tooth decay. Today, fluoride is widely used in the field of dentistry. Common oral care products such as toothpaste, mouthwash and dental floss often contain fluoride.
- Topical fluoride is a high-concentration fluoride product applied directly to the tooth surface. The fluoride ions combine with the tooth enamel to form a protective layer, which strengthens the teeth's resistance to acid and helps prevent and repair early-stage decay.

3. Why is it Recommended for Children to Receive Topical Fluoride Treatment?

- According to the 2021 Oral Health Survey Report from the Department of Health, over 40% of 5-year-old children have experienced tooth decay with an average of 2 teeth. Among these children, half have had decay in 4 or more teeth.
- The World Health Organization (WHO) has included fluoride compounds in 《Essential Medicines List for Children》.
- Topical fluoride treatment is non-invasive which requires a short application time and the process is easy for children to accept.

Sodium Fluoride Treatment

4. What is sodium fluoride treatment?

- Sodium fluoride varnish is a gel-like fluoride preparation applied to the surface of teeth and commonly used to prevent tooth decay.
- The sodium fluoride treatment procedure is simple which involves only the application of sodium fluoride varnish onto the tooth surfaces using a small applicator.

5. What are the potential side effects of sodium fluoride treatment?

- The likelihood of experiencing side effects from sodium fluoride varnish application is extremely low. However, the dosage must be determined and controlled by a dentist as excessive application may lead to dental fluorosis (white streaks or spots on the tooth surface).

- Although extremely rare, if severe allergic reactions such as swelling of the mouth or tongue or difficulty breathing occur after receiving sodium fluoride treatment, the patient must seek medical attention immediately.

6. Who should not receive sodium fluoride treatment?

- Individuals with a known allergy to sodium fluoride varnish or any of its ingredients are not suitable to receive sodium fluoride treatment. The ingredients of sodium fluoride varnish may include, but not limited to: ethanol, sodium fluoride and rosin.

Silver Diamine Fluoride (SDF)

7. What is Silver Diamine Fluoride?

- Silver diamine fluoride (SDF) is a clinically proven material effective in arresting the tooth decay process. Its main components are silver and fluoride. Silver effectively inhibits bacteria and fluoride strengthens the teeth.
- The use of SDF depends on an individual's oral health condition and is primarily applied to baby teeth. The treatment procedure is simple which involves only the application of the solution onto the decayed area using a small applicator.

8. What are the potential side effects of Silver Diamine Fluoride?

- After application, the decayed tooth tissue will harden and permanently turn black. You can visit the following webpage to view example photos showing the condition of teeth after SDF treatment. (https://www.toothclub.gov.hk/en/pnc/en_pnc_2_2_6_9.html)
- Children should adhere to the post-operative instructions provided by the dentist after receiving SDF treatment. They may notice a slight metallic taste in their mouth, which usually subsides within a few hours.
- The application of SDF may cause mild discomfort and /or temporary grayish staining of the gums, oral mucosa or skin. These symptoms typically fade gradually within a few days. If they persist, please consult a dentist as soon as possible.
- Although extremely rare, if severe allergic reactions such as swelling of the mouth/tongue or difficulty breathing occur after receiving SDF treatment, the patient must seek medical attention immediately.
- If SDF accidentally stains the skin or gums, the stain cannot be washed off but will fade on its own within 1 to 3 weeks. However, stains on clothing or other surfaces may be permanent.

9. Who should not receive Silver Diamine Fluoride ?

- Individuals who are allergic to SDF or any of its ingredients, or those who have mouth ulcers or painful wounds in the oral cavity are not suitable to receive SDF. The ingredients of SDF may include, but not limited to: silver metal, silver ions, ammonia, and fluoride.

10. Are there other treatments for tooth decay besides Silver Diamine Fluoride?

- Yes, there are. You may choose not to receive SDF. For information regarding other treatments for tooth decay, please consult a dentist. Untreated tooth decay may worsen and lead to serious consequences.

Outreach Oral Health Programme for Pre-school Children(OOHP)

Oral Health Risk Assessment

The following section of the questionnaire should be completed by the child's parent(s) or guardian(s). For each question, please choose only one answer that is most applicable, and put a "✓" in the relevant box.

1. What was your child's age when they started toothbrushing?
   - ☐ He/She started brushing before age 1.
   - ☐ He/She started brushing between age 1 to 2.
   - ☐ He/She started brushing between age 2 to 3.
   - ☐ He/She started brushing after age 3
   - ☐ He/She has not started brushing yet.

2. How many times does your child brush per day?
   - ☐ Less than once per day / occasionally
   - ☐ Once per day
   - ☐ Twice per day or more
   - ☐ No habit of brushing teeth

3. Does your child brush with fluoride toothpaste?
   ☐ Yes ☐ No ☐ Do not know

4. Your child eats more than twice a day between main meals.
   ☐ Yes ☐ No

5. Is your child still using feeding bottle to drink?
   ☐ Yes ☐ No

6. Is your child drinking sugary or acidic beverages every day?
   ☐ Yes ☐ No

7. Does your child go to sleep with a drink in their mouth other than water?
   - ☐ Always
   - ☐ Frequently
   - ☐ Occasionally
   - ☐ Never

End of Assessment, thank you!

學前兒童口腔健康外展計劃



愛護牙齒・從幼開始

政府資助計劃 Government-funded programme

學前兒童口腔健康外展計劃 Outreach Oral Health Programme for Pre-school Children

計劃背景

人生最早期階段的口腔健康護理極之重要。透過在學前階段建立良好的生活習慣，有助兒童終身保持口腔及身體健康。

在2024年施政報告中，政府提出為學前兒童增設預防性牙科服務，進一步加強兒童口腔健康防護。在2026年9月1日，「學前兒童口腔健康外展計劃」正式推出，為全港幼稚園學童提供免費口腔健康服務。

服務對象

- 年滿 32 個月或以上的幼稚園學童（包括幼稚園及幼稚園暨幼兒中心）

服務範圍

本計劃透過服務機構按需要為參與學童免費提供以下服務，包括:

- 口腔檢查
- 口腔健康風險評估
- 按需要為學童塗抹氟化物
- 口腔健康報告
- 為有蛀牙學童的家長提供個人口腔護理建議
- 為有需要的學童提供轉介服務

服務機構亦會免費為幼稚園教師提供口腔健康講座，協助教師更有效向學童傳遞護齒訊息，幫助他們從小建立良好的生活習慣。

幼稚園的重要角色

幼稚園作為計劃合作夥伴，建議指派一名教職員負責與服務機構對接，並配合牙科團隊到校為學童提供口腔健康服務。

總結

幼稚園階段，是學童建立良好護齒習慣的關鍵時期。

誠邀全港幼稚園參與「學前兒童口腔健康外展計劃」，以及家長對計劃的支持，攜手推廣以預防為重的基層口腔健康護理，配合「重預防、早發現、早治療」方向，邁向2030年香港口腔健康目標。

查詢

如果你們對「學前兒童口腔健康外展計劃」有任何意見或者查詢，歡迎聯絡相關的服務機構。



如欲查閱有關計劃的詳情，請參閱本計劃網站，或掃描宣傳單張所載的二維碼。

https://www.communitydental.gov.hk/tc/oohp/introduction_of_oohp.html

Outreach Oral Health Programme for Pre-school Children



Pre-care for a Lifetime of Bright Smiles

政府資助計劃
Government-funded programme

學前兒童口腔健康外展計劃
Outreach Oral Health Programme for Pre-school Children

Programme Background

Oral healthcare during the earliest stage of life is extremely important. Establishing appropriate lifestyles during pre-school years enables children to maintain lifelong oral and general health.

In the 2024 Policy Address, the Government introduced preventive dental services for pre-school children. The Outreach Oral Health Programme for Pre-school Children ("OOHP") will launch on 1 September 2026, providing free oral health services to pre-school children in all kindergartens across Hong Kong, further strengthening oral health protection for pre-school children.

Target Beneficiaries

- Kindergarten students aged 32 months and above (Including kindergartens and kindergarten-cum-child care centres)

Scope of Services

Under the OOHP, the following services will be provided free of charge to participating students by organisations, as appropriate:

- Oral screening
- Oral health risk assessment
- Topical fluoride application as appropriate
- Screening report
- Individualised oral health home care advice for children with decayed teeth
- Referral service for students in need

Free oral health workshop for kindergarten teachers will also be provided to help them deliver oral health messages more effectively to their students and to encourage good lifestyle habits from an early age.

Important Role of Kindergartens

Kindergartens are key partners of the OOHP. It is recommended that participating kindergartens assign one teaching staff to coordinate and liaise with the organisation.

Summary

The pre-school stage is a critical period for children to establish good oral health habits.

All kindergartens in Hong Kong are cordially invited to participate in the OOHP. With the support of parents, we join hands to promote prevention-focused primary oral health care in line with the direction of 'prevention, early identification, and timely intervention', working towards Hong Kong's oral health goals for 2030.

Enquiries

If you have any suggestions or enquiries about the OOHP, please contact the relevant organisations.



For details, please visit the OOHP webpage or scan the QR code on the leaflet.

https://www.communitydental.gov.hk/en/oohp/introduction_of_oohp.html

學前兒童口腔健康外展計劃

Outreach Oral Health Programme for Pre-school Children

服務範圍
Scope of Services

- 口腔檢查
  Oral screening
- 口腔健康風險評估
  Oral health risk assessment
- 按需要為學童塗抹氟化物
  Topical fluoride application as appropriate
- 口腔健康報告
  Screening report
- 為有蛀牙學童的家長提供個人口腔護理建議
  Individualised oral health home care advice for children with decayed teeth
- 為有需要的學童提供轉介服務
  Referral service for students in need
- 為幼稚園教師提供口腔健康講座
  Oral health workshop for kindergarten teachers



愛護牙齒・從幼開始
Pre-care for a Lifetime of Bright Smiles

衞生署
Department of Health

政府資助計劃
Government-funded programme

學前兒童口腔健康外展計劃
Outreach Oral Health Programme for Pre-school Children