Public Health
Seattle & King County

# Fluoride Toothpaste Authorization Form

## (Program-Provided/Bulk Toothpaste)

| **Child's Name:** | **Date of Birth & Age:**<br><br>(Do not give fluoridated toothpaste to children younger than 2 years without written permission from health care provider.) |
|---|---|
| **Start Date:** ___/___/___ | **Stop Date: (up to 12 months after 'Start Date')** ___/___/___ |
| **Special Instructions:** | |

**I authorize the use of the following "program-provided" toothpaste for my child.**

_____ _____

**Parent/Guardian Signature** **Date**

**Program-Provided Toothpaste** *(to be completed by child care provider)*

| **Name of Toothpaste:**<br><br>**Expiration Date:** ___/___/___ | **Active Ingredients:** |
|---|---|
| **Possible Side Effects:** | **Other Label Information:** |

| | |
|---|---|
| **Reason for medication:** | To remove dental plaque/food from teeth and prevent tooth decay |
| **Route:** | Topical |
| **Amount to be given:** | • Grain of rice-sized dollop – for 2-3 years olds<br>• Pea-sized dollop – for 3-6 years olds (per American Dental Association recommendations) |
| **Times to be applied:** | Once daily |
| **Storage:** | Room temperature |