



## Toothpaste Authorization Form (Toothpaste Brought From Home)

<b>Child's Name:</b>	<b>Date of Birth &amp; Age:</b>  <small>(Do not give <u>fluoridated</u> toothpaste to children younger than 2 years without written permission from health care provider.)</small>
<b>Name of Toothpaste:</b>	
<b>Expiration Date:</b> ___/___/___	
<b>Active ingredient:</b>	
<b>Start Date:</b>  ___/___/___	<b>Stop Date: (up to 12 months after 'Start Date')</b>  ___/___/___
<b>Possible Side Effects:</b>	
<b>Special Instructions:</b>	

**I authorize the use of the above toothpaste for my child.**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

<b>Reason for medication:</b>	To remove dental plaque/food from teeth and prevent tooth decay
<b>Route:</b>	Topical
<b>Amount to be given:</b>	<ul style="list-style-type: none"> <li>• Grain of rice-sized dollop - for 2-3 years olds</li> <li>• Pea-sized dollop - for 3-6 years olds (per American Dental Association recommendations)</li> </ul>
<b>Times to be applied:</b>	Once daily
<b>Storage:</b>	Room temperature

