



## Toothpaste Authorization Form (Program-Provided/Bulk Toothpaste)

This Toothpaste Authorization Form must be **signed by a parent** if:

- using a fluoride toothpaste for children older than 2 years
- using a non-fluoride toothpaste, regardless of age

This form must also be signed by a dentist or health care provider if using fluoride toothpaste on children younger than 2 years with teeth, as recommended by the American Dental Association (ADA).

<b>Child's Name:</b>	<b>Date of Birth &amp; Age:</b>
<b>Start Date:</b>  ___/___/___	<b>Stop Date:</b> (up to 12 months after 'Start Date')  ___/___/___
<b>Special Instructions:</b>	

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

<b>Name of Toothpaste:</b>	
<b>Active Ingredient:</b>	<b>Expiration Date:</b>  ___/___/___
<b>Possible Side Effects:</b>	<b>Other Label Information:</b>

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

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Health Care Provider Signature\***

(\*Only required for children under 2 years using fluoride toothpaste.)

\_\_\_\_\_  
**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 amount – for children younger than 3 years</li> <li>• Pea-sized dot – for children 3 years and older (per ADA recommendations)</li> </ul>
<b>Times to be applied:</b>	Once daily
<b>Storage:</b>	Room temperature