

Parent/Guardian Authorization for Fluoride Toothpaste (1-2 years)

Reach Dane’s Health Services Advisory Committee recommends all enrolled children over the age of one year use fluoridated toothpaste, unless refused by the parent/guardian. The Advisory Committee is comprised of a pediatric dentist and other pediatric specialists. Please contact the Health and Nutrition Manager if more information is desired. (If the parent declines, have the parent circle “do not give permission” below and sign.)

Fluoride Toothpaste

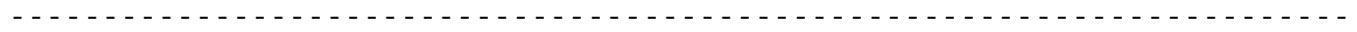
I/we **give permission / do not give permission** (please circle one) for the Reach Dane center staff to brush my child’s teeth with fluoridated toothpaste, in accordance with label directions.

Child’s Name: _____

Classroom: _____

Has the child used fluoridated toothpaste before? (please circle): Yes No

Parent/Guardian Signature and Date: _____
Signature *Date*



Autorización de los Padres/Guardianes para usar Pasta de Dientes con Fluoruro (1-2 años)

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Pasta de Dientes con Fluoruro

Yo **autorizo / no autorizo** que el personal de Reach Dane lave los dientes de mi hijo/a con pasta de dientes que contiene fluoruro, de acuerdo con las instrucciones en la etiqueta.

Nombre del Niño: _____

Clase: _____

¿Ha usado el niño pasta de dientes con fluoruro antes? Sí No

Firma del padre/guardián y fecha: _____
Firma *Fecha*