

## Permission to Administer Fluoridated toothpaste

**Child's Name:** \_\_\_\_\_

This permission authorizes Apex Peak Schools, Inc, or it's employees to administer fluoridated toothpaste as described below:

**Product:**

Brand Colgate Kids Anticavity Fluoride Toothpaste, Mild Bubble Fruit flavor, 3.5 ounces presentation.

**Dosage/ Amount:**

1/4 to 1/2 inch of expressed tube paste

**Apply to:**

Disposable stirring stick and then to child's toothbrush.

**When:** Brushing teeth. Regularly after each snack (morning and/or afternoon) and lunch, as the child's attendance schedule calls for.

Permission is valid for the duration of child's enrollment in school.

I give permission to my childcare provider to apply the product listed above as instructed.

Date: \_\_\_\_\_

Parent/Guardian Name and Signature \_\_\_\_\_