

Longwood Medical Area Child Care Center

LMACC Tooth Brushing Permission Form

I authorize the teaching staff at LMACCC to brush my child's teeth after lunch. My child's name is _____ and is in the _____ room. I agree to bring in a child sized tooth brush, child safe tooth paste and a travel case. Tooth brush, toothpaste and travel case will be stored with your child's lunch items as they need to be brought home daily and returned each morning. Please label and date all items. I agree to replace the tooth brush, toothpaste and travel case every three months or whenever my child is ill.

Parent signature

Date