## Longwood Medical Area Child Care Center

## **LMACCC Tooth Brushing Form**

The Department of Early Education and Care requires that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care. EEC licensed programs must comply with this regulation. However, parents may choose that their child not participate in tooth brushing while present at the child care program.

	Please indicate below if you would like your child to participate in tooth brushin	g:
Ch	ild's Name:	
	I give permission for my child to participate in tooth brushing at LMACC	CC.
	I agree to bring in a child sized tooth brush and child safe tooth paste. I will lab and date all items. I agree to replace the tooth brush and toothpaste every three months, whenever my child is ill or if the tooth brush becomes contaminated.	
dy.	I do not wish for my child to participate in tooth brushing at LMACCC.	
_	Signature of Parent Guardian Date	1