



I, _____ give the following people permission to bring my child/children (insert child/children's name(s):

to their dental appointments in the event that I am unable to do so myself. Please list name and phone number.

1. _____
2. _____
3. _____
4. _____

*The above named person(s) is authorized to make any necessary decisions in my absence regarding change in original treatment plan or treatment of the above named child in the event of an emergency.

*In the event of an emergency regarding my child, the best number to reach me on is:

IMPORTANT: The legal guardian must accompany their child/children for the first visit.

Name: _____
(Print)

Signature: _____

Date ___/___/___

Witness: _____