



I (parents/guardian) _____ consent that (name of person bringing patient) _____, (relationship): _____ of the patient will be bringing my child (child's name) _____ for his/her dental appointment(s), and that they may make decisions and/or payments on my behalf. In case of an emergency I can be reached at: _____

Guardians Name: _____

Guardians Signature: _____

Date: _____