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All parents who allow others to bring their children to dental appointments please complete the following:

I, \_\_\_\_\_ give permission to \_\_\_\_\_

(relationship to child/children \_\_\_\_\_) to bring my child/children to their dental appointments.

Name of child/children: \_\_\_\_\_

I authorize the above named person to make decisions of dental, financial and (in case of emergency) emergency treatment on my behalf.

In case of an emergency, I can be reached at phone number: \_\_\_\_\_

(\_\_\_\_) I do not give permission for any other person(s) to bring my child/children to any appointments.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**\*\*A note will be needed on each appointment that a new person brings your child/children to the dental office. If you have designated a person the note will only have to be updated annually.\*\***