



**CONSENT FOR OTHERS TO BRING MY CHILD/CHILDREN**

Child's Name _____	Birthdate _____
Child's Name _____	Birthdate _____
Child's Name _____	Birthdate _____
Child's Name _____	Birthdate _____

We understand that at times it is not possible for the parent or legal guardian of a child to bring him/her in for a scheduled appointment or for emergency treatment. You may give permission for others to bring your child by filling out the following. If you leave this section blank, **ONLY** a parent or legal guardian will be allowed to consent or schedule an appointment. I, as parent or legal guardian give my permission for:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

to bring my child to any dental treatments and sign any consents that are required at the time of service. Further, I will make sure the above individual(s) are aware of the medical history of my child and can answer all questions required for safe dental treatment. In addition, I understand that treatment plan changes may occur for a variety of reasons. I understand and agree that any treatment plan that may have been explained to me is subject to change and in some cases will change the fee(s) quoted to me. Lastly, I will make arrangements for the above individuals to bring any necessary insurance forms and/or payment for services rendered at each visit.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_