



Consent to Bring my Child(ren)
Release Authorization other than Parent/Guardian

I, _____, parent/legal guardian of
_____, release authorization to
_____ to bring my child/children to dental visits and make
decisions on my behalf in my absence and if I am unable to be contacted by phone.

I understand that only in an emergency situation will treatment be conducted. I also agree that I release authorization to make decisions to the above named person if they have brought my child/children to the office for treatment and during the appointment the treatment has changed.

I further agree to have payment arrangements finalized before the scheduled appointment.

Parent/Legal Guardian

Date