

Parental Authorization

Child's Name: _____

Date of Birth: _____

I give the following people my permission to:

- (1) **Bring my child / children to their dental appointments and make decisions concerning,**
- (2) **Finances**
- (3) **Dental treatment**
- (4) **Schedule Appointments**

On my behalf.

- (1) _____
- (2) _____
- (3) _____
- (4) _____

Parent/Guardian Signature: _____

Print Name: _____