



This sheet is for anyone other than the child's parents
WHO CAN SIGN FOR ANY AND ALL PROCEDURES IF NEEDED.

Date _____

I, _____ the mother/father of _____
(please print) (circle one) (print child's name)

give my permission to _____, my _____
(name of person) (relationship)

to stay with my child and sign for *any dental work* needed *in my absence.*

I can be reached at the following ph. #if needed: _____.

Signature