

Kids-Smile



CHILDREN'S DENTISTRY

Consent in Lieu of Legal Guardian

I, _____, give permission for:

_____ (Name & Relationship)

to make all dental treatment decisions for child/children's name :

in my absence. I confirm that this person is 18 years of age and older.

You may reach me at the following number _____ if any

questions arise during the dental appointment.

Please list any change in patient/ patients medical history, including any

medications: _____

Parent/Guardian Signature : _____

Date : _____

Relationship to Patient : _____