

Martin Kids Dental Health Team

**PERMISSION FORM FOR ADULTS OTHER THAN THE PARENT OR LEGAL GUARDIAN
TO BRING THE CHILD TO THE OFFICE FOR DENTAL CARE AND TO GIVE CONSENT
FOR DENTAL TREATMENT**

Child's Name: _____ DOB: _____

The purpose of this form is to allow you, the parent, the option of recognizing other adults to bring your child to Martin Kids Dental Health Team for dental evaluation and treatment. You will be giving permission for these adults to discuss your child's personal medical history with the staff as needed and to make medical decisions for you regarding the dental care of your child.

DATE	PARENT'S SIGNED INITIALS	NAME OF ADULT	RELATIONSHIP TO CHILD	DATE AND SIGN HERE ONLY WHEN REMOVING CONSENT

This form may be modified in writing at any time at the request of either parent or legal guardian.

To remove an adult from this list, simply draw a line through the adults name, sign your name and date that you want this change to occur in the column to the right above.

PRINT NAME OF PARENT OR GUARDIAN **RELATIONSHIP TO PATIENT**

SIGNATURE **DATE**