



To whom it may concern:

I, _____, authorize _____ to consent for dental care for _____ . This may include, but not be limited to, consent for dental treatment, scheduling dental care, x-ray permission, medications recommended by the Dentist, and any other dental care authorizations required by the Dentist. Children's Dental Village may relay any necessary medical information to _____ in order to provide informed consent for treatment.

I understand that the Dentist will communicate his/her findings and treatment plan to _____ and that under most circumstances a follow-up call to me personally should not be necessary. I agree to be responsible for any fees for services authorized by _____ and request my insurance (if applicable) be billed for my child's completed dental care.

I agree to hold Children's Dental Village and its staff harmless for any disagreement between the above named caregiver and myself regarding treatment decisions.

I attest that I am the parent/guardian of _____ and that I have the legal authority to make this agreement. I understand that I can revoke this authorization at any time.

Parent/Guardian's Name

Relationship to Child

Signature

Date