

Athens Dentistry for Children Permission Form

Date: _____

Patient's Name _____

I give the following people permission to bring my child(ren) to any dental appointment such as routine checkups, dental treatment, and/or emergency visits. This person has the authority to make any decisions concerning laughing gas, behavior management techniques, x-rays and fluoride. I understand that dental treatment may change at times. Athens Dentistry for Children will make every effort to keep the accompanying adult informed before treatment is changed, however I realize that this may not always be possible and the adult will be informed of any and all changes following the child's appointment.

<u>Name</u>	<u>Phone#</u>	<u>Relationship to Patient</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Legal Guardian Signature

