

Patient's Name:	Date:
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I give my permission for the following individuals to bring my child to dental appointments at the Community Dental Clinic and make any necessary medical/dental decisions for treatment.

Must be 18 yrs of age or older & have valid ID

Name:	Phone:	Relationship to Patient:

Names and birthdates for children in family that individual my escort to appointment:

Name:	Birthdate:

I understand that I must update this list annually in order for these individuals to be allowed to escort my child/children to the dental appointment and that the individual must present a valid ID when signing in for the appointment.

Print Name:	Relationship to Patient:
Signature:	Date