

GENERAL CONSENT FOR ACCOMPANYING CHILD TO DENTAL OFFICE FOR TREATMENT.

I, _____, THE LEGAL PARENT OR GUARDIAN FOR
_____ GRANT _____.

- GRANDPARENT
- AUNT/UNCLE
- FRIEND
- COURT/APPOINTED CUSTODIAN
- OTHER: _____.

THE PERMISSION TO ACCOMPANY MY CHILD TO HIS/HER DENTAL APPOINTMENT WITH DR. ERIN ELLIOTT OR DR. RANDALL H ELLIOTT.

IT IS UNDERSTOOD THAT THE ABOVE NOTED ADULT ACTS ON MY BEHALF AND IS PERMITTED TO MAKE DECISIONS REGARDING THE TREATMENT OF MY CHILD IN THE EVENT THAT I CANNOT BE REACHED.

PARENT SIGNATURE _____ . DATE _____.