



**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/legal guardian, the option of recognizing other adults to bring your child to Sonoma Pediatric Dentistry for dental evaluations, cleanings, radiographs, and/or treatment. You will be giving permission for these adults to discuss your child's/children'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 <i>ONLY WHEN REMOVING CONSENT</i> |
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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 adult's name, sign your name, and
write the date you would like this change to occur in the right-hand column.

PRINT NAME OF PARENT OR GUARDIAN RELATIONSHIP TO PATIENT

SIGNATURE

DATE