



Sugarloaf Children's Dentistry

Date: _____

Patient's Name: _____

I give the following people permission to bring my child(ren) to any scheduled dental appointment such as routine checkups, dental treatment, and/or emergency visits. This person has the authority to give consent for laughing gas, behavior management modalities, anesthesia, x-rays and fluoride. I understand that dental treatment may change at times. Sugarloaf Children's Dentistry will make every effort to inform the person (adult) accompanying the child 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.

Name

Phone #

Relationship

Parent/Legal Guardian Signature

Witness Signature

