

Parent/Legal Guardian Consent for Dental Treatment

Child's Name Date of Birth Child's Name Date of Birth Child's Name Date of Birth Child's Name Date of Birth Date of Birth Date of Birth Child's Name Date of Birth Date of Birth Child's Name Date of Birth Date of Birth Date of Birth Date of Birth Child's Name Date of Birth Date of Birth Child's Name Date of Birth Date of					
Child's Name Date of Birth Parent/Legal Guardian Contact Phone Number Caregiver's Information Caregiver's Name Home Phone Number Caregiver's Name Home Phone Number Caregiver's Name Home Phone Number Caregiver's Name Caregiver shall be authorized to consent for all dental treatment, for the above named child(ren), which may required during my absence. I agree to pay for all services provided to my child(ren) that the caregiver authorized. If circumstances permit and/or Le Center Dental Clinic needs to contact me, please contact me at the following telephone nu This consent serves as permission for treatment by Le Center Dental Clinic for the above named child(ren). This authorization be effective until: : One (1) year from date signed Parent/Guardian's Initials OR Until	Child's Name		Date of Birth		
Child's Name Parent/Legal Guardian Contact Authorized Caregiver's Information Caregiver's Name Home Phone Number Cell Phone Number The above name caregiver shall be authorized to consent for all dental treatment, for the above named child(ren), which may required during my absence. I agree to pay for all services provided to my child(ren) that the caregiver authorized. If circumstances permit and/or Le Center Dental Clinic needs to contact me, please contact me at the following telephone nu This consent serves as permission for treatment by Le Center Dental Clinic for the above named child(ren). This authorization be effective until: Cone (1) year from date signed Parent/Guardian's Initials OR Until	Child's Name		Date of Birth		
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Authorized Caregiver's Information Caregiver's Name	Child's Name		Date of Birth		
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This authorization will remain in effect until the date stated above – unless I revoke this authorization in writing and submit in the Center Dental Clinic prior to this date Signature	OR				
Center Dental Clinic prior to this date Signature Parent/Legal Guardian (circle one) Date	Until	(list Month, Day,	, Year)		
Parent/Legal Guardian (circle one) Date		til the date stated above -	– unless I revoke this	authorization in writing and submit it to L	Je
	<u>Signature</u>				
Witness	Parent/Legal Guardian (circle one)		Date		
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*** Note: Consents are NOT required in emergency situations.