



ST APOLLONIA DENTAL CLINIC

122 Academy St Presque Isle ME 04769 (207) 554.5045

Child's Name _____ Date of Birth _____

Permission form for adults (18 and older) other than PARENTS or LEGAL GUARDIANS to bring the child to the office for dental care and to give consent for all dental and medical treatment.

The purpose of this form is to allow you, the parent or legal guardian, the option of naming other adults to bring our child to the office of ST. APOLLONIA DENTAL CLINIC and give informed consent for dental evaluation, radiographs, and treatment: to include but not limited to operative dentistry or fillings, endodontic treatment or root canal, extraction of tooth, space maintainer procedures and preventive care such as cleanings. You will be giving permission for these adults to discuss your child's personal medical history with the staff of ST APOLLONIA DENTAL CLINIC as needed and to make medical decisions for you regarding the dental care of your child.

IF THERE ARE NO ADULTS LISTED, THEN YOUR CHILD WILL ONLY BE SEEN WHEN BROUGHT TO HIS/HER APPOINTMENTS BY THE PARENT OR LEGAL GUARDIAN.

Date	Parent's Signed initials	Name of Adult to accompany child to dental appointments	Relationship to child	Date and Sign only when removing permission	Phone # of Adult

This form may be modified in writing at any time at the request of either parent or legal guardian. Please ask our front desk staff for a new form to fill out.

Print Name of Parent/Guardian

Relationship to Child

Signature of Parent/Guardian

Date

Print Name of Staff Member

Signature of Staff Member

Date

Creating smiles one child at a time.