



Young Smiles Pediatric Dentistry & Spa

"Kids Love Us, Parents Enjoy Us"

**CONSENT FOR PERSON(S) OTHER THAN PARENT OR LEGAL GUARDIAN
TO BRING PATIENT TO DENTAL APPOINTMENTS**

Mark title which applies:

Mother

Father

Legal Guardian

I, _____, hereby give permission to the
Print Parent/Legal Guardian Name

individual(s) listed below to bring _____,
Patient(s) name

to his/her/their dental appointments at the office of Dr. Kera Young.

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____
_____	_____

I further give permission for Dr. Young and /or her staff to discuss dental treatment to be performed on my child(ren), including but not limited to changes in treatment.

Patient(s) Name

Signature of Parent/Legal Guardian

Date