

Parental Release Form

We understand that sometimes it may be difficult to get time off of work to bring your child to his/her dental appointment. Because to this, it sometimes may be necessary for parents to send a family member or friend with the child. Due to the fact that they are not the child's legal guardian, he/she need to be authorized by you to consent to dental treatment for your child.

I _____ hereby authorize
(Parent or Legal Guardian)

_____ to bring
my child
(Responsible Party)

_____ to his/her dental visits.
(Child's Name)

I understand that sending my child with someone else does not relieve me of my financial responsibilities for treatment that day. Also, I understand that a change in the treatment plan will also change the amount for the treatment on this day and it is expected at the time of service.

Signature of Parents/Legal Guardian

Date