



Smiles 4 Kids
Children's General Dentistry



Services provided by Colorado Licensed General Dentist
459 North Ave, Grand Junction, CO 81501 • P: 970-248-8000 F: 970-248-8049

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Child's Name: _____

Date of Birth: _____

Permission form for adults other than the parents or legal guardians to bring the child(ren) to the office for dental care, and to give consent for medical treatment.

The purpose of this form is to allow you, the parent, the option of naming other adults to bring your child to Smiles 4 Kids for dental evaluation and treatment. You will be giving permission for these adults to discuss your child's personal dental/medical history with the staff of Smiles 4 Kids as needed and to make dental 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 by the parent or legal guardian.

Date	Parent's Initial	Name of Adult	Relationship

This form may be modified in writing at any time at the request of either parent. To remove an adult from this list, please notify the front office.

Print name of Parent/Legal Guardian

Relationship to child(ren)

Signature

Date