



Appointment Authorization

Please list all authorized persons who will bring your child/children to their dental appointment. We will also require a six month medical update form to be completed at your child's appointment, thus making the person bringing your child to the appointment responsible for any medical changes, current medications and dental concerns.

If your child is coming to his/her appointment on their own, arrangements to have a parent complete the six month medical update form will have to be made prior to the appointment. A person under the age of 18 years old cannot fill out the medical update form.

Child/Children's Name(s) _____

Authorized Persons

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

Mother: Name _____ Contact Number _____

Father: Name _____ Contact Number _____

Signature _____ Date _____