

Guardian Authorization Form



A Smile Can Change Everything

I, _____ give
_____ permission to bring my
child _____ to their appointment on ___/___/___.

The above named person is authorized to make any necessary decisions in my absence regarding change in original treatment plan or treatment of the above named child in the event of an emergency.

Name: _____
(Print)

Signature: _____

Date ___/___/___

Witness: _____

Title _____