

# Parental Release Form

We understand that sometimes it may be difficult to get time off work to bring your child to their dental appointment. Because of this, it sometimes becomes 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 guardians, they need to be authorized by you to consent to dental treatment for your child.

I \_\_\_\_\_ hereby authorize  
(Parent/legal guardian)

\_\_\_\_\_ to bring my child  
(Responsible party)

\_\_\_\_\_ to his/her dental visits.  
(Child's name)

I AUTHORIZE the above responsible party to make decisions regarding treatment for my child.

I understand that sending my child with someone else does not in anyway relieve me of my financial responsibilities for treatment on that day. I also understand that a change in the treatment plan will also change the amount for treatment on this day, and is expected at the time of service. The responsible party should be made aware of this before agreeing to bring your child. They will be responsible for payment at the time of service.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date