



SUNNY SMILES DENTISTRY

for Children and Young Adults

Authorization for Alternate Adult to Accompany Child

I, _____ (Parent / Guardian) of _____ hereby authorize _____ to bring my child to his / her dental treatment appointment(s). I authorize the above named individual to make any medical or financial decisions necessary at the time of visit. In case of further questions, the best number to reach me is _____.

Signature: _____

Print Name: _____

Date: _____

*Please note this authorization will remain in effect in your child's dental chart until otherwise notified.

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