



I , _____ , give

HILGERS PEDIATRIC DENTISTRY, PLLC permission to treat my
child, _____, while I am not present.

The individual bringing my child to the appointment is named,
_____, and is at least eighteen
years of age. I also give this individual permission to make decisions
regarding my child's dental treatment, medical treatment (if necessary
should an emergency arise) and behavior management.

Signed: _____ Date: _____

Relationship to Patient: _____