



COLLEYVILLE CHILDREN'S DENTISTRY

RELEASE OF A MINOR PERMISSION FORM

ONLY those people you list on this form are authorized to bring your child(ren) to their dental appointment and make treatment decisions for your child(ren).

If anyone other than those listed below bring the child(ren), the appointment will be rescheduled.

Regardless of who brings the child(ren), I am still responsible for the financial payments due on this account.

I am responsible for making changes regarding the persons I am authorizing on this form.

I, _____ Relationship to Child: _____

Authorize the Following Persons:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

To Bring My Child(ren):

Name of Child: _____ DOB: _____ Name of Child: _____ DOB: _____

Name of Child: _____ DOB: _____ Name of Child: _____ DOB: _____

To Their Dental Appointment and make decisions regarding the treatment rendered.

Printed Name: _____ Signature: _____ Date: _____