Dear Parent:

For the protection of your child, it is necessary to require a permission slip if you are unable to accompany them for their dental appointment. The following form must be signed and dated by the parent or legal guardian for each visit.

I, ______________________________, certify that I am a parent or legal guardian of ______________________________, and do hereby give my permission for ______________________________, ______________________________, name of person with child relationship to authorize Drs. Wood, Lombardozzi, and Eddleton, their employees, and agents to perform all reasonably necessary or recommended dental services for my child, regardless of whether I am present while such services are being rendered.

This form must be completed, signed, and dated for your child to receive treatment.

Signature of a parent or legal guardian  Date