

# GUARDIAN CONSENT

*Southern Maine*

I, \_\_\_\_\_, give my consent to have \_\_\_\_\_  
(Parent/legal guardian) (Person accompanying child)

Bring my child \_\_\_\_\_ to his/her dental appointment  
(Child's name)

Authorize \_\_\_\_\_ to make all medical & dental treatment  
(Person accompanying child)

Decisions on behalf of my child

(Please check one)

- For today's visit
- For all future visits

*Pediatric Dentistry*

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(Parent/Legal Guardian Signature)

(Date)