



## PARENTAL RIGHTS POLICY

Our office policy is to show proper documentation of guardianship/legal custody which therefore give the right to the legal guardian the ability to make major decisions for the child's health and well being.

In the event that you being the parent or legal guardian can not bring child to their dental appointment, you will need to give permission in writing to the office.

(parent name) I \_\_\_\_\_, give permission to the following people to bring

(child's name) \_\_\_\_\_, to their dental appointments and make all the appropriate decisions on my behalf.

- 1.
- 2.
- 3.
- 4.
- 5.

Please sign below to indicate you have read and understand our parental rights policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_