



Authorization for Assigned Person (Agent) to Consent to Dental Treatment of a Minor

I hereby authorize _____
{an adult into whose care the minor(s) has been entrusted}

to consent to any X-ray examination, anesthetic, or dental diagnosis or treatment of:

{name and date of birth of minor(s)}

That is deemed advisable by a dentist or hygienist and provided by that dentist or hygienist or under that dentist's or hygienist's supervision regardless of where that treatment is provided.

Signature _____

Date _____

Please specify your relationship to the minor(s):

- Parent with legal custody
- Guardian with legal custody