

John A. Hendry, D.D.S.
Kathleen Adley Darnall, D.D.S.
& Associates

A PROFESSIONAL DENTAL CORPORATION

Authorization for Dental Treatment

When completing this form, you are authorizing someone other than the mother/father or legal guardian to bring the patient to an appointment in the office. You are authorizing this person(s) to give consent for dental treatment in your absence. Please list any person that could possibly bring the child (including older siblings) to an appointment. If for any reason, a non-listed individual brings the child to an appointment, we will not be able to proceed with treatment and the appointment will be rescheduled.

I, _____ custodial parent of _____, a minor child,
(print your name) (print child's name)

authorize the following individuals:

_____ (relationship to child) _____
_____ (relationship to child) _____
_____ (relationship to child) _____
_____ (relationship to child) _____
_____ (relationship to child) _____

to authorize Dr. John A. Hendry, Dr. Kathleen Adley Darnall & Associates, their agents, servants and employees to render treatment to the above named child.

Parent / Guardian Signature

Date

Witness