



Appointment Consent- Proxy Consent to Treat Minor(s)

Please complete for person(s) other than legal guardian who has permission:

I give **Naptown Smiles** consent for my child(ren) to be brought to their dental appointments by the following person(s) listed below. **Naptown Smiles** may share any information with the person(s) listed below regarding my child's dental needs.

NAME: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

The person(s) listed above can authorize any x-rays to be taken on my child(ren) or application of fluoride. YES NO

This person(s) listed above can schedule appointments or cancel appointments on my behalf. YES NO

Parent/ Legal Guardian Signature: _____ Date: _____

Patient(s) Name: _____