



# MOUNTAINS EDGE PEDIATRIC DENTISTRY

## Permission for a non-Parent to Bring Child in for Service

I, \_\_\_\_\_, hereby give the following person(s), my permission to bring my child/children to *Mountains Edge Pediatric Dentistry*.

Name & Relationship to child/children:

_____	_____
_____	_____
_____	_____

Name(s) of child(ren):

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature of Parent or Guardian

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