

## **Permission Slip**

Child's	Name:		Date of Birth:
Child's Name: Date of Birth:  Permission form for adults other than the parents or legal guardians to bring the child(ren) to the office for medical care, and to give consent for medical treatment.			
child to permiss as need	the Art of Pediatric sion for these adults ded and to make ma are no adults listed	Dentistry for dental eva s to discuss your child's edical decisions for you	t, the option of naming other adults to bring your sluation and treatment. You will be giving personal medical history with the staff of Dr. Wong regarding the dental care of your child.  y be seen when brought by the parent or legal
Date	Parent's Initial	Name of Adult	Relationship to Child(ren)
		in writing at any time a one of Dr. Wong's office	t the request of either parent. To remove an adult e staff.
Print na	me of Parent/Lega	l Guardian	Relationship to child(ren)
Signatu	re		Date