



General Dentistry for Children and Young Adults Dental Guardian Consent

Patient Name: _____ Patient Birthday: _____

I (Print Parent/Guardian Name) _____, the parent/legal guardian of the aforementioned patient, give consent to the following person(s) to bring this patient to his/her dental appointment(s), sign all necessary paperwork, and make all dental decisions for this patient on my behalf. I will not hold Dr. Amber N. Wright or any members of the Smile Wright Dental team responsible for any decisions I may not agree with made by the following person(s).

1. _____
Name of Person Relationship to Patient Phone Number Email

2. _____
Name of Person Relationship to Patient Phone Number Email

3. _____
Name of Person Relationship to Patient Phone Number Email

Parent/Guardian Signature Date Phone Number

Notes:

