



DISPOSITION OF CHILD'S DENTAL CARE

**IN THE EVENT I AM UNABLE TO BE PRESENT AT MY CHILD'S APPOINTMENT,
I ALLOW THE FOLLOWING**

NAME _____

RELATIONSHIP _____

NAME _____

RELATIONSHIP _____

NAME _____

RELATIONSHIP _____

TO MAKE DECISIONS REGARDING MY CHILD'S DENTAL CARE

CHILD'S NAME _____

GUARDIAN'S SIGNATURE _____

DATE _____

APD.DCDC.1115