## **Beautiful Smiles Family Dental Center Consent to Confer Dental Treatment**

,	am the parent/legal gua	rdian of the child(ren) listed below and there are	e no court orders now in
effect that would prohibit me from co	onferring the power to con	nsent upon another person.	
,	, do hereby confer upon		,
residing at			
the power to consent to necessary d	ental treatment for the fo	illowing children:	
Child's Name	Address	Date of	Birth
1			
•	•	th care and decision making, and it may be exe e child(ren)'s dental examination(s) or treatment	
any and all records, including, but no	ot limited to insurance red	cords regarding any such services. I confer the	power to consent freely
and knowingly in order to provide for	the child(ren) and not a	s a result of pressure, threats or payments by a	ny person or agency. This
document shall remain in effect until	it is revoked by notifying	my child(ren)'s dental provider(s) and insurance	e company, in writing, and
the person named above that I wish	to revoke it.		
n witness whereof, I,	, have	signed my name to this dental consent authorize	zation on this
day of,,			
Legal Parent/Guardian Name (Printed)		Legal Parent/Guardian (Signature)	
Appointee (Printed)	Date	Appointee (Signature)	Date
Witness #1 Name (Printed)	Date	Address	
Witness #2 Name (Printed)	 Date	Address	