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Guardian Consent Form

I _____ (parent/guardian name) authorize the adults listed below to accompany my child to the appointment as well as sign any documents regarding current dental treatment and/or any changes that may occur in the treatment plan. I also give permission for them to make any emergency medical decisions for _____ (patient(s) name(s)) on my behalf. I understand that I will be ultimately responsible for any and all financial obligations for the above patient(s) that result from any decisions made from the authorized person(s) listed below.

1. _____ relationship to patient _____
2. _____ relationship to patient _____
3. _____ relationship to patient _____

Signature _____ Date _____