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every tiny tooth is precious :)

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### Parent not Present

I, \_\_\_\_\_, the parent of \_\_\_\_\_  
(Parent's Name) (Child's Name)

give **Dr. Timothy Chen and Staff** permission to treat my child while I am not present. The individual

bringing my child to the appointment is named, \_\_\_\_\_, the  
(Name of Individual)

\_\_\_\_\_ of the child and is 18 years or older of age. I also give this individual  
(Relationship to child)

permission to make decisions regarding my child's dental treatment, medical treatment (if necessary should an emergency arise) and behavior management.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Relationship to Patient: \_\_\_\_\_

Copy of parent's Driver's License: