



SAMIRA ALEMPOUR, DMD
Diplomate of The American Board of Pediatric Dentistry

Designation Of Person in Parental/Legal Guardian Absence

(please fill out one form per child)

In my absence, I hereby give authorization for the person(s) listed below to bring my child to Pediatric Dentistry of Weston and consent for any and all recommended dental treatment needed. Any information can be discussed with the person(s) listed below.

Authorized Person(s) Name Relationship to child (Gov. ID needed)

_____	_____
_____	_____
_____	_____

Child's Name: _____

Date Of Birth: _____

Mark the option you choose with an (X)

_____ One Time Designation for the (Appt date) _____

_____ Designation is for date signed and until Parent/ Legal Guardian notifies our office

Parent/Legal Guardian Name(Print) _____ Date: _____

Parent/ Legal Guardian Signature _____ Date: _____

(This Designation will take effect until further notice or changes have been requested by the child's parent/ legal guardian.)

Office Use Only

Comments:

