



2863 Executive Park Dr. #101 Weston, FL 33331

Office # 954-217-1121 Fax # 954-217-1128

www.westonkidsdentistry.com

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)

Childs 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: _____

