



JASON C. BARB, DDS
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Minor Consent In Absence of Parent/Legal Guardian

Patient Name: _____

Date: _____

As the parent/legal guardian of:

Name of Minor

Minor's Date of Birth

I authorize, in my absence, the following person(s), to bring my child to their dental appointments and sign consent for their treatment.

Name

Relationship to Child

Name

Relationship to Child

Name

Relationship to Child

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Revised 5/2019