

# Healthy Smiles 4 Kids Dentistry

## RELEASE OF A MINOR PERMISSION FORM

ONLY those people you list on this form are authorized to bring your child(ren) to their dental appointment and make treatment decisions for your child(ren).  
If anyone other than those listed below bring the child(ren), the appointment will be rescheduled. Regardless of who brings the child(ren), I am still responsible for the financial payments due on this account.

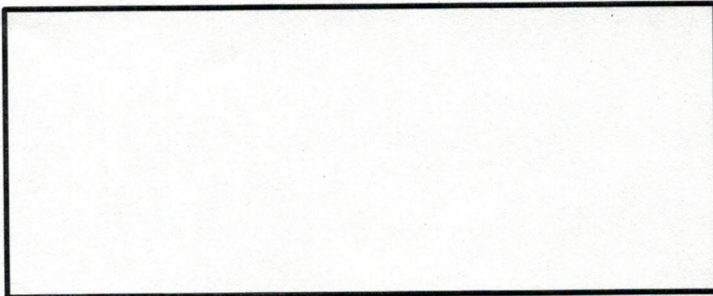
I am responsible for making changes regarding the persons I am authorizing on this form.

I, \_\_\_\_\_ (Relationship to patient: \_\_\_\_\_),  
authorize the following person, \_\_\_\_\_, to authorize my  
child's ( \_\_\_\_\_ DOB: \_\_\_\_\_) dental treatment and all  
treatment rendered that day.

State of Texas

County of \_\_\_\_\_

\_\_\_\_\_, personally appeared before me, and being first duly sworn declared that, he/she signed this application in the capacity designated, if any, and further states the he/she has read the above application and the statements therein contained are true.



PERSONALIZED SEAL

Notary Public's Signature