

Ponchatoula Family Dentistry

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 Ponchatoula, LA 70454
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Permission Form

Child's Name	Date of Birth

The purpose of this form is to allow you, the parent, the option of naming other adults to bring your child to the office of Dr. Rae A. Gauthier for dental evaluation and treatment. You will be giving permission for these adults to discuss your child's personal medical/dental history and recommendations with the staff of Dr. Rae A. Gauthier as needed to make medical/dental decisions for you regarding the dental care of your child/children. In addition, the accompanying adult is responsible for financial obligations.

If there are no adults listed, then your child will only be seen when brought by the parent or legal guardian.

DATE	PARENT'S SIGNED INITIAL	NAME OF ADULT	RELATIONSHIP TO CHILD	*** DATE & SIGN*** ONLY WHEN REMOVING PERMISSION

Please note: We will ask to keep Driver's License on file when approved adult accompanies child for visit.

This form may be modified in writing at any time at the request of either the parent/legal guardian. To remove an adult from this list, simply draw a line through the adult's name, sign your name and date that you make change in the column to the right.

X _____
 Print Name of Legal Guardian

 Relationship to Child

X _____
 Signature

 Date