NEW ORLEANS
CHILDRENS
DENTAL CENTER

Dr. Claudia Cavallino
Dr. Kellie Axelrad
Dr. Nicole Boxberger
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Consent for an adult other than myself to bring my child for dental care

Child's Name: _____Date of Birth: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S):

As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult,

_____(name) _____(relationship)

to give verbal and written consent for dental procedures at New Orleans Childrens Dental Center. I authorize the designated adult to exercise best judgment upon the advice of dental personnel.

Effective Date: _____

Signed this _____day of_____, 20____

Parent / Guardian Signature: _____

Printed Name: _____

Best contact number: _____