

**For Minor Children Only:**

**Designation Statement**

I, \_\_\_\_\_, designate the individuals listed below to do the following on behalf of my child:

**Please mark all that apply.**

Name	Relationship	Schedule Dental Appointments	Provide accurate medical history updates.	Give consent for dental treatment.

**Patient Name (s) :** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I DECLINE to designate another person to schedule dental appointments, provide medical history updates or give consent to treat my child.**

**Parent Name (s) :** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_