



Consent To Bring Child To Appointment For Treatment & Consent to Release Medical Information

I grant permission for the person(s) listed below (other than the parent/legal guardian) to bring my child to Pediatric Dentistry of Chattanooga for dental treatment. I also grant permission for the person(s) listed below (other than the parent/legal guardian) to have access to any and all of my child's medical information that pertains to his/her care from the dentists of this group. This includes, but is not limited to, appointment times, his/her dentist's plans for dental care, etc. This consent can be revoked at anytime by submitting to Pediatric Dentistry of Chattanooga in writing a letter requesting to terminate this consent.

Name Relationship To Child

Name Relationship To Child

Name Relationship To Child

Name Relationship To Child

Name Relationship To Child

Name Relationship To Child

Parent/Legal Guardian Signature Date