



Permission and Family Form

Permission:

I give permission to the individuals names below to bring my child(ren) to their dental appointments at Kinder Smiles Pediatric Dentistry. I further consent that the person(s) named below may make financial and dental/medical decisions for my child(ren) unless I notify the office otherwise.

Authorized Person(s)

Parent/Guardian Signature

Date

Parental Separation Policy

We understand that biological parents sometimes co-parent separately. We know this can be complicated, but we respectfully request that we not be involved in any disputes that exist or may arise between the involved parties (biological parents, step parents, guardians, etc). This means that together, you arrange and resolve all aspects of your child's care prior to coming in for appointments. This includes handling insurance, making payment arrangements, and discussing appointment matters prior to scheduling, changing, or cancelling appointments.

If there is a situation in which a biological parent has lost rights due to a court order, we must receive a copy of the relevant legal documentation in your child's chart in order to abide by what is ordered.

By signing below, I agree to comply with the Parental Separation Policy.

Signature