



PERMISSION FORM

I, _____, the parent of _____
Parent's Name Child's Name

give DR. TIMOTHY CHEN & STAFF permission to treat my child while I am not present. The individual bringing my

child to the appointment is named, _____, the _____
Name of Individual Relationship to Child

of the child and is eighteen years or older of age, I also give this individual permission to make decisions regarding
my child's dental treatment, medical treatment (if necessary should an emergency arise) and behaviour management.

Signature

Date

Relationship to Patient

Copy of parent's driver's Licence