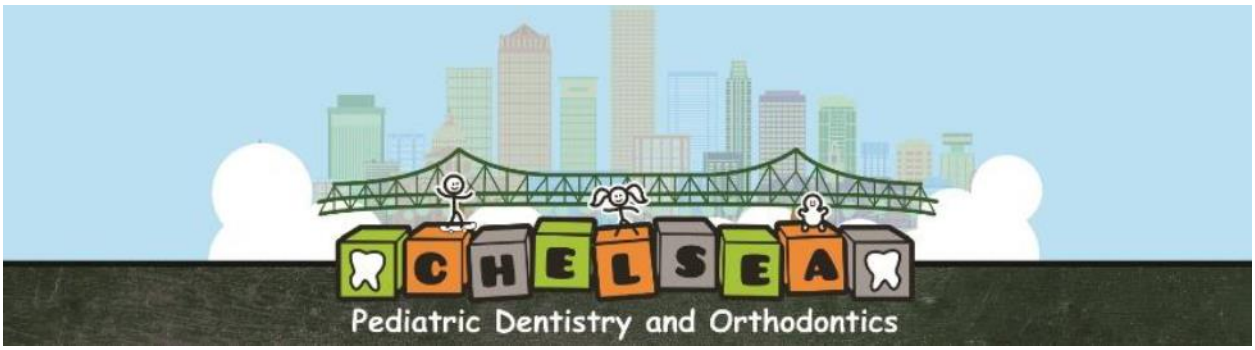

PARENT NOT PRESENT

Date:_____

I, _____, the parent/guardian of _____ give
(Parent's Name) (Child's Name)
Chelsea Pediatric Dentistry & Orthodontics permission to treat my child while I am not present. The individual brining my child is named _____, the
(Child's Name)
_____ of the child and is 18 years or older of age. I also give this individual
(Relationship to Child)
permission to make decisions regarding my child's dental treatment, medical treatment (if necessary should an emergency arise) and behavior management.

Parent's Signature:_____ Date:_____