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## Caregiver Authorization

The following caregiver, \_\_\_\_\_, is authorized to bring my child/children for the dental appointment. The caregiver mentioned above is authorized to request and approve dental treatment or procedures for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This authorization will be effective starting \_\_\_\_\_ and will remain in effect until it is terminated in writing. (date)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Name