



Authorization for an Agent to consent to Dental Treatment of a minor



I hereby authorize: _____
(an adult into whose care the minor(s) has been entrusted)

to consent to any X-ray examination, prophylaxis, fluoride application, dental diagnosis, anesthetic, sedation, or treatment

of _____ deemed advisable by
(minors name)

Grace Children's Dentistry and provided by that dentist or under that dentist's supervision, regardless of where that treatment is provided.

Signature: _____ **Date:** ____ / ____ / ____

Print Name: _____

Relation to minor: Biological Parent Legal Guardian

This authorization is made under California Family Code §6910.