

Children's Dental of Winona
Consent to Bring Form

Date: _____

Patient Name: _____

Patient Birthdate: _____

Name of Authorized Person

I give my consent to the above individual to bring the child named above to Children's Dental of Winona. I give them permission to make decisions regarding their dental treatment, possible changes or additions to treatment, behavior management and medical treatment (if necessary should an emergency arise).

I understand that the consent will remain in effect until I personally request it be revoked in writing.

Print Name (Legal Guardian)

Signature (Legal Guardian)