

Authorization for Agent to Consent to Dental Treatment of a Minor

California

I hereby authorize _____ (an adult whose the minor(s) has been entrusted) to consent to any X-ray's, examination, anesthetic and dental diagnosis or treatment of _____ deemed advisable by a dentist or hygienist and provided by that dentist or hygienist or under that dentist's or hygienist's supervision regardless of where that treatment is provided.

This authorization is made under California Family Code §6910

Signed: _____ Dated: _____

Please specify relationship to minor: Parent with legal custody
Guardian with legal custody