



Pediatric Dentistry

KEMIE D. HOUSTON, D.D.S., M.S., P.C.
Board Certified Pediatric Dentist

Authorization For Minor Child

Child's Full Name: _____ DOB: _____

I, _____, give _____ permission to accompany my child to the office of Kemie D. Houston, DDS, MS, PC for dental appointments.

I also give permission to _____ to make necessary Decisions regarding dental treatment for my child, including but not limited to:

- the consent for this authorized person to sign any and all forms required to give permission to Kemie D. Houston, DDS, MS, PC to treat the dental needs of my child,
- the consent to the dental practice to discuss finances (treatment charges, account balances, next visit charges) with authorized person,
- the consent to the dental practice to discuss my child's future dental treatment needs, (i.e. treatment plans),
- the consent for this authorized person to sign my child's treatment plan once it has been presented by the dental staff. I understand this does not obligate me to the treatment, only that the office has informed me or my representative of the dental needs of my child,
- the consent for this authorized person to schedule future dental visits for my child.

I understand this consent will be valid for one year or until I rescind this agreement in writing.

Signature of Parent or Legal Guardian

Date