



**COASTAL MAINE**  
**Pediatric Dentistry**

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**I, (Parent/Legal Guardian)** \_\_\_\_\_, give my consent to have

**(Person to accompany child)** \_\_\_\_\_ bring my child,

**(Child's Name)** \_\_\_\_\_, to his/her dental appointment with the authority to make all medical and dental treatment decisions on behalf of my child.

Please Check One:     **For today's visit**     **For all future visits**

Parent/Legal Guardian (print): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian (print): \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_