



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** ____/____/____