

North Aiken Dental, LLC
1466 Columbia HWY North
Aiken, SC 29801

I _____, give permission for the following two (2) people to
(Parent/Guardian Name)
my child, _____, in for treatment. I also give North Aiken Dental
(Child's Name)
permission to share any necessary information with the adult listed that is bringing my
child in for treatment.

**This does NOT include all procedures. Children MUST be accompanied by parent
or
legal guardian for ALL major treatment and sedation appointments.**

The following persons are authorized to bring my child in for treatment with a **VALID
PICTURE ID:**

Name Ph #

Name Ph #