



Emergency Dental Treatment Authorization Form

Child's Full Name: _____ Birthdate: _____
Name child answers to: _____

I, _____ as the parent or legal guardian of the above named child, give my permission to the senior staff employee of Little Panther Daycare & Preschool to secure and authorize such emergency dental care and treatment as my child might require while under the Center's employee supervision. I also authorize the Center's employee to administer emergency care or treatment, until emergency medical assistance arrives. I also agree to pay for all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information.

Mother of Maternal Legal Guardian Information

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Father or Paternal Legal Guardian Information

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Dentist Information

Name: _____ Phone: _____
Address: _____

Clinic Preference

First Choice: _____ Phone: _____
Address: _____
Second Choice: _____ Phone: _____
Address: _____

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____