

Permission Form

I, _____, give permission to following parties listed below to keep on file:
(Parent/ Guardian)

(Responsible Party/ Relationship to Patient)

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This wavier allows the parties noted above to sign consent for treatments, decide for or against any treatment changes, and to be the responsible party if there should be an emergency. All necessary information regarding the patients visit will be given to the party noted above. If you, the parent/guardian, would like to speak with Dr. Henry or a staff member, it will be your responsibility to call 770-972-0921 to receive this information. If there is a co-pay or patient portion due of the day of treatment, it is the parent/guardians responsibility to send payment with responsible party or call in advance of the patient's appointment time to pay over the phone with a credit/debit card. No billing statement will be sent home for the amount that is due the day of service.

(Parent/Guardian Signature)

(Date)

Media Release Form

I, _____, hereby grant permission for my child,
_____ to have his/her photo used by Just Kids Dentistry in promotional materials, downloadable products, and website content.

Parent Signature _____

Date _____