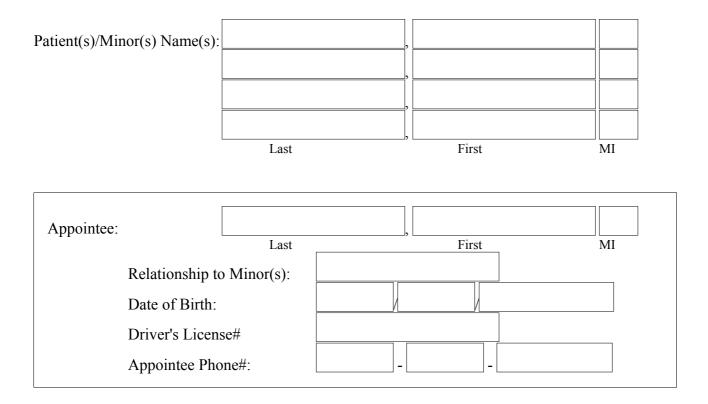
DELEGATION OF PARENTAL RIGHTS AND POWER OF ATTORNEY FOR CONSENT TO DENTAL TREATMENT OF YOUR CHILD



I am the parent or legal guardian of the above named minor(s). I appoint the above named appointee to act on my behalf to make any dental care decision for my child(ren), when I am not present at my child(ren)'s appointment. I understand this delegation may include but not limited to the ability to consent to, to refuse to consent to, or to withdraw consent to the provision of any care. The appointee is authorized by me to generally do and perform all matters and things appertaining to my child(ren), with the same full powers and validity as I could if personally present.

*Duration of this delegation is indefinite; unless specified below:

*Limitation to this delegat	ion is none, unless sp		
Parent/Guardian Name: Parent/Guardian Phone#:	Last		MI
Signiture:	X	Date:/	/