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## Authorization for Agent to Consent to Dental Treatment of a Minor

I hereby authorize \_\_\_\_\_ (an adult into whose care the minor(s) has been entrusted) to consent to any X-ray examination, anesthetic, or dental diagnosis or treatment of \_\_\_\_\_ (child/children) deemed advisable by a dentist or hygienist and provided by that dentist or hygienist or under that dentist's or hygienist's supervision regardless of where that treatment is provided.

This authorization is made under the Family Code §6910

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please specify your relationship to minor:

Parent with legal custody

Guardian with legal custody