



## PEDIATRIC DENTISTRY

JOSEPH A YALE, DDS  
KATIE McCLENDON, DDS  
KATHLEEN CORBIN, DDS

245 Veterans Blvd  
Denham Springs, La 70726  
225-664-2646

### Parent/ Guardian Consent

I, \_\_\_\_\_, Custodial Parent of  
\_\_\_\_\_  
(Minor/ Minors)

Authorize Dr. Yale, Dr. McClendon, or Dr. Corbin and their employees to render dental treatment to the above listed child/ children.

**\*If I am unable to attend any appointments with my child(ren), the names listed below are authorized to bring them to their appointments and to discuss my child(ren)'s dental care. I also give them permission to make treatment and financial decisions.\***

<u>Person's Name</u>	<u>Relationship to Patient</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/ Guardian Signature: \_\_\_\_\_

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