



DR. LISA AMEER, PEDIATRIC DENTIST  
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## Permission Form

CHILD'S NAME	DATE OF BIRTH

The purpose of this form is to allow you, the parent, the option of naming other adults to bring your child to the office of Dr. Lisa Ameer D.M.D, for dental evaluations and treatment. By completing this form, you are giving permission for these adults to discuss your child's personal medical/dental history and recommendations with the staff of Dr. Lisa Ameer D.M.D, as needed and to make medical/dental decisions for you regarding the dental care of your child/children.

**In addition, the accompanying adult is responsible for financial obligations.**

If there are no adults listed, then your child will only be seen when brought by the parent or legal guardian.

DATE	PARENT'S SIGNED INITIAL	NAME OF ADULT	RELATIONSHIP TO CHILD	***DATE & SIGN*** ONLY WHEN REMOVING PERMISSION

**Please note: We will ask to keep Driver's License on file when approved adult accompanies child for visits.**

This form may be modified in writing at any time at the request of either parent/legal guardian. To remove an adult from this list, simply draw a line through the adult's name, sign your name and date the time that you make the change in the column to the right, of the box above.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Relationship to Patient(s)

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

\_\_\_\_\_  
Date