I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AS LEGAL GUARDIAN OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIVE MY PERMISSION FOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO BRING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOR HIS/ HER DENTAL APPOINTMENT WITH DR. THOMPSON RAY BOGERT. THIS IS TO REMAIN IN EFFECT UNTIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

THE PERSON WHO IS ACCOMPANYING THE MINOR MUST BE 18 OR OLDER AND HAVE A VALID DRIVERS LICENSE. THAT PERSON IS REQUIRED TO SHOW THEIR DRIVER’S LICENSE AT THE TIME OF CHECK IN.

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**SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE**