

**Tina T. Bui, D.D.S.**

*Pediatric Dentistry  
Atascocita/Kingwood Professional Plaza  
7810 F.M. 1960 East, Suite 101  
Atascocita, TX 77346  
Tel: (281) 852-1191*

**Parental/Guardian Permission Form**

I \_\_\_\_\_, parent of \_\_\_\_\_ give permission  
to \_\_\_\_\_ (relationship to my child) \_\_\_\_\_,  
to bring my child for dental appointments. The above person also has my permission to give  
consent regarding my child's dental or medical health needs.

I can be reached by phone at:

(work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_ if any  
question or emergency should arise while my child is in the dental office.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_