

Authorization

I \_\_\_\_\_ (parent/guardian) give authorization to Denise Bass Allen, D.D.S. (or her representative) to release \_\_\_\_\_ (child's name) dental information to their school via:

1. The school district's form, or
2. Copy of their dental chart.

This authorization is only good for today only: \_\_\_\_\_ (date)

Signed \_\_\_\_\_ (parent/guardian)