



## Dental Travel Permission

Dear Parent/Guardian:

Your child \_\_\_\_\_ is scheduled for a medical appointment  
on \_\_\_\_\_, at \_\_\_\_\_ a.m. /p.m., with Dr. \_\_\_\_\_,  
in \_\_\_\_\_ for \_\_\_\_\_.

Please check yes or no and sign your name and date below.

\_\_\_\_\_ Yes, He/She may go.

\_\_\_\_\_ No, HE/ She may not go.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\* Each medical trip will need new permission form signed and dated.

