

Permission Slip to go to Dental Clinic

Your child was scheduled to attend the dental clinic on _____ at 8:45 am, to have a dental cleaning and if needed, sealants. Please sign below and return by Tuesday in order for your child to attend.

I give my child, _____ permission to walk over to the dental clinic at the town hall with Dr. Stone. The dental assistant, Barbara, will come to Saint Catherine's and pick up the child, walk him/her there and walk him/her back after the treatment.

Parent Signature _____