

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

NON-PARENT/LEGAL CUSTODIAN CONSENT FORM FOR MINORS

I, _____, grant permission to _____ to transport my child(ren), _____ to and from dental appointments and to receive information about his/her dental treatment at the Volusia County Health Department Dental Office beginning on _____ and continuing until further notice is herein provided.

Signature of Parent/Legal Guardian

Date

Acknowledgement Certificate

State of Florida

County of Volusia

The foregoing instrument was acknowledged this ____ day of ,20____, by _____, who personally appeared before me and acknowledged that he/she signed the instrument voluntarily for the sole purpose expressed in it.

Signature of Notary Public, State of Florida

Personally Known

Produced Identification

Type of Identification: State of Florida Driver License