

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

PARENT/LEGAL CUSTODIAN CONSENT FORM FOR MINORS

I, _____, am the parent/legal custodian of the following
named child(ren) _____

who reside(s) at _____

I hereby grant permission to _____ to transport my
child(ren) to and from dental appointments, to receive information about his/her dental treatment,
and provide general and informed medical consent for dental treatment at the Volusia County Health
Department Dental Office. This consent is effective on _____
and continuing until it is rescinded in writing by me.

Signature of Parent/Legal Guardian

Date

Print Name

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 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