

Smile Power Assembly & Screening

Please complete the information listed below if you **DO NOT** give permission for your child to take part in the FREE Smile Power Assembly and Screening that will take place at your school campus on _____ at _____.

I, _____, the parent /guardian of _____, **DO NOT** grant permission for my child to participate in the FREE dental assembly Smile Power and screening by Dr. Scott Law with Central Texas Orthodontics. By signing this release to not allow my child to participate in the Smile Power assembly and screening, I will not be given the opportunity at a later time.

Printed Name and Signature of Parent/Personal Representative of Child

Date (YYYYMMDD)

