**Klockner Road Office**, 2929 Klockner Road, Hamilton Square, NJ 08690 (609) 586-6603
**Merrill Lynch Campus**, 1300 Merrill Lynch Drive 0301, Pennington, NJ 08534-4122 (609) 274-8484
**Kuser Road Office, NJ Family Care**, 2501 Kuser Road (2nd Floor), Hamilton Township, NJ 08691 (609) 689-1212

# Limited Power of Attorney to Exercise Consent for Treatment of a Minor at Hamilton Dental Associates

I, _____
Name and Relationship

Hereby give limited power of attorney for _____
to consent to dental treatment and any medical emergency care on my behalf for my child/children

_____.
Name/Names

This limited power of attorney vests all rights and authority to legally consent to such treatment in my absence and shall be effective from the date of the document until I notify Hamilton Dental Associates of my decision to revoke such rights and authority.

Signature _____

Witness _____

Date _____