



Authorization for Non-Parent/Guardian Consent

Our office encourages that all parents or legal guardians accompany their child to each dental appointment. If the parent is unable to accompany the child for their initial dental appointment or recall visits please fill out this form. This consent however, does not extend for dental treatment under IV/Oral Conscious Sedation or general anesthesia. If we are unable to obtain consent and/or information needed, we will reschedule your child's appointment.

Child(ren) name(s):

Authorized caregiver's name

Relationship to child(ren)

Caregiver's phone number

I give permission for the above name caregiver shall be authorized to accompany the above named child(ren) for their initial examinations and subsequent recall visits. Treatment to be performed include routine pediatric dental services (examinations, cleanings, radiographs, fluoride treatment, and restorative needs as have been already fully explained to me). The initial patient registration package, all medical history/dental history must be filled out by parent or legal guardian.

This consent shall be effective from date of signature until revoked by parent or legal guardian.

I can be reached at _____

Phone number

Signature of Parent/Guardian, Date

Printed Name of Parent/Guardian
