



AUTHORIZATION FOR A DESIGNATED ADULT TO CONSENT FOR AND ACCOMPANY A MINOR PATIENT

(This form must be signed in the office or in front of a Notary Public)

Initial Here

I, _____ (parent or guardian), the father/mother/legal guardian of _____ (child's name) authorize _____ to accompany my child (or legal ward) to any dental appointments.

I also consent for _____ to make decisions on my behalf, including having necessary radiographs (x-rays) taken any emergency treatment, or any changes to a pre-existing treatment plan, that would require consent

This authorization will remain in effect until such time as I give notice of its termination.

_____ Parent or Legal Guardian

_____ Witness or Notary Public

_____ Date