



Non-Parent Authorization Form

For the safety and privacy of our patients, we require written consent to provide treatment for a child accompanied by anyone other than their natural parent or legal guardian. If you anticipate anyone, including a step-parent, grandparent, babysitter, etc., may bring your child for a dental visit, please complete this form. If you have questions or concerns, please call our office.

Name _____

Relationship to Patient:

- Mother
- Father
- Legal Guardian

Patient's Name _____ Patient's Date of Birth _____

Parent's Date of Birth _____

Do Authorize: Name of person bringing patient to appointment:

Phone number of person being authorized to bring child to appointment: _____

Additional person authorized to bring child to appointment: _____

Phone number of additional person authorized to bring child to appointment: _____

Signature _____ Date _____