



This Non-Parent Authorization Form is 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: _____

Parent/Guardian Date of Birth: _____ Phone number: _____

Relationship to Patient: Mother Father Legal Guardian

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

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

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

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

I authorize the following to bring patient(s) to appointment(s) and give permission for treatment if required. **If you would like for us to call you before any treatment, please initial here _____.** **You will be financially responsible for services provided:**

Name of person bringing patient to appt: _____ Phone number: _____

Name of person bringing patient to appt: _____ Phone number: _____

Name of person bringing patient to appt: _____ Phone number: _____

Name of person bringing patient to appt: _____ Phone number: _____

Signature: _____ Date: _____