JUST FOR GRINS
family dentistry

We understand that there may be times it is not possible for the parent or legal guardian of a child to bring him/her to their dental appointment. You may give permission for others to bring your child by filling out the following. If you leave this section blank, only a parent or legal guardian will be allowed to consent to treatment or schedule an appointment.

I, _____, parent/guardian of

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

Patient Name: _____ Date of Birth: _____

give permission to

Name: _____ Relationship to Patient : _____

Name: _____ Relationship to Patient : _____

Name: _____ Relationship to Patient : _____

Name: _____ Relationship to Patient : _____

to consent to dental treatment for my child/children. I will make sure the above individual(s) are aware of the medical history of my child and will be able to answer any questions required for treatment. I understand and agree that the treatment plan that may have been presented to me is subject to change. In some cases, this may change the expected copayment. I will make arrangements for the above individual(s) to bring any necessary insurance information and payment for services at each appointment.

Patient/Guardian Signature: _____ Date: _____