

SMITH FAMILY & COSMETIC DENTISTRY

1112 NC HWY 210 | SNEADS FERRY NC 28460 PHONE 910-741-1555 FAX 910-741-4051

Consent Form

Non-Parent/Guardian to Accompany Patient Treatment of Unaccompanied Minor Child

Periodically there may be times when you are unable to bring your child to the office for an appointment and need to rely on a family member or friend. We understand these circumstances; however, we must have written authorization allowing this person to accompany your child(ren). The person bringing your child will need to be over the age of eighteen and present a photo identification at time of service.

This authorization gives the person permission to bring your child(ren) in, speak to the doctor, and give authorization for dental treatment.

I, _____, give the person(s) listed below permission to bring my child(ren) to Smith Family & Cosmetic Dentistry and to discuss dental information about my child(ren). I further authorize them to see all necessary dental records and make health care decisions of a routine nature as determined at the sole discretion of the Smith Family & Cosmetic Dentistry provider.

I also give them authority to make more serious or urgent medical/health care decisions in the event I cannot be reached or where it is of an emergency nature where there is not sufficient time to seek out my specific consent.

Individual accompanying child(ren): _____

Relationship to child(ren): _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

By checking this box, I authorize my child(ren) to come to any/all dental appointments unaccompanied by a parent or legal guardian. In the event of a medical/health emergency, Smith Family & Cosmetic Dentistry has my permission to make any decisions regarding medical/health care if I cannot be reached in sufficient time to grant consent.

X _____
Signature of parent, legal guardian or authorized representative

Relationship

X _____
Witness to Signature

Date