



UP VALLEY
PEDIATRIC DENTISTRY
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AUTHORIZATION FOR AN ALTERNATIVE CARETAKER (NON-LEGAL GUARDIAN) TO ACCOMPANY A MINOR TO APPOINTMENTS

Patient: _____ Birthday: _____

Person(s) I authorize to accompany my child:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

I _____ authorize my caretaker to bring my minor child to Up Valley Pediatric Dentistry for scheduled appointments for treatment in which a parent and/ or legal guardian to my child has previously consented be performed on my child.

I understand that this authorization for a caretaker to accompany my child to appointments does not permit the caretaker to consent to treatment on behalf of a legal guardian. I understand that only a legal guardian may consent to treatment for my child.

If treatment consent is required at an appointment in which a caretaker is accompanying a minor child that has not been previously diagnosed and accepted by a parent and/or legal guardian authorized as such with this practice, the legal guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to provide treatment consent , the treatment will not be performed.

I understand that it is my responsibility, as the legal guardian, to inform the practice of any change to this authorization.

I decline to list alternative caretakers to bring my child to appointments.

Phone number where parent can be contacted during treatment, if needed:

Home: _____ Work: _____ Cell: _____

Parent/Legal Guardian Signature: _____ Date: _____