



Valparaiso Family Dentistry

General Consent for Accompanying Child to Dental Office for Treatment

I, (print name) _____, the legal
parent or guardian for (print child's name) _____
grant _____

Grandparent ___ Aunt/Uncle ___ Friend ___ Court-Appointed Custodian ___
Other ___

the permission to accompany my child to his/her dental appointment at **Valparaiso Family Dentistry**..

It is understood that the above noted adult acts on my behalf and is permitted to make decisions regarding the treatment of my child in the event that I cannot be reached.

NOTE: Examination, cleaning, x-rays and fluoride may be performed on today's visit.

It is understood that I remain financially responsible for the account of my child.

Patient Signature _____

Date _____

Please note: This authorization will remain on file and remain active until such time the child is no longer a patient with our practice, or the parent/legal guardian sends written instruction to remove the above named person(s) from responsibility to accompany child.