Authorization for Non-Parent/Guardian to Consent for Minor's Care

For treating minor children when a parent/legal guardian is not present

I/We, _____, [*Insert Parent[s]/Legal Guardian[s] Names*] parent(s)/legal guardian(s) of the minor child, _____, [*Insert Minor Child's Name and Date of Birth*] authorize _____ "Caregiver" [*Insert Name of Adult Caregiver who is Non-Parent/Non-Legal Guardian*] to consent and make dental and health care decisions for my minor child, including but not limited to:

- To consent and accompany the minor child in dental, medical or healthcare procedures and administration of medication as legally prescribed by the dentist or health care provider.
- To be given full access to the minor child's dental and health records (both verbally and written records), including information about diagnosis, treatment, and options, which the dentist or health care provider would have given to me directly as the minor child's parent/legal guardian.
- To give written and verbal consent for dental procedures, including those with financial liability. I understand that I am and remain solely responsible and liable for any co-pays, charges, costs or fees to which Caregiver consents.

This Authorization ends on _____, or until I provide Familia Dental with written notice ending it and is governed by the laws of the State where the minor child received treatment.

I understand that, despite this Authorization, Familia Dental, its employees and staff, in its/their sole discretion, may decide not to treat minor child, and instead require my presence during my minor child's treatment or care.

Minor Child's Allergies and Any Health Issues:_____
Minor Child's Recent and Current Medications:_____
Minor Child's Primary Care Doctor: _____
Phone #s:_____

Parent/Legal Guardian Signatures and Date
Parent or Legal Guardian Signature: _____/Date:____
Witness Name and Signature: _____/Date:____

Non-Parent/Non-Legal Guardian Care Giver Information and Signature:

I understand and accept authorization as described above for minor child's dental/health care. **I will bring to this appointment a valid ID verifying my identity.**
Non-Parent/Non-Legal Guardian Name: _____/Date: _____
Non-Parent/Non-Legal Guardian Signature: _____
Non-Parent/Non-Legal Guardian Caregiver's Address and Phone: _____
Witness Name and Signature: _____/Date:___