



JUST FOR
KIDS
PEDIATRIC DENTISTRY

**Authorization for a Care-Taker
(Non-legal guardian) to accompany a Minor to Appointments**

Patient Name:
Patient Date of Birth:

I, _____ (legal guardian name) authorize _____ (name of care-taker) to bring my minor child (ren) _____ (child's name) to Just For Kids Pediatric Dentistry, P.A. for appointments. I authorize this care-taker to make all medical decisions and to consent to treatment on my behalf.

I understand that only a legal guardian may accompany my minor child to an appointment in which sedatives are scheduled to be administered (IV Sedation and OR), regardless of whether the sedation technique consented to by a legal guardian authorized as such with this practice.

I understand that this authorization will remain in effect until the practice is otherwise notified of the above designated care-taker's change in status. I understand that it is my responsibility, as a legal guardian, to inform this practice of any change to this authorization.

During preventive care visits, I would prefer:

_____ Fluoride at every visit (our recommendation)

_____ Fluoride once a year

_____ X-rays once a year

I understand payment is due at time of service by whomever brings my child to that appointment.

Parent Printed Name

Parent Signature

Date