



**Authorization for a Caregiver (non-legal guardian) to Accompany a
Minor to Dental Appointments**

Patient Name: _____

I _____ authorize _____
(Legal Guardian Name) (Caregiver Name)

to bring my child _____ to St. Croix Kidds Pediatric Dentistry
(Child's Name)

for their scheduled dental appointments and sign consent for treatment which has been previously discussed with the child's legal guardian.

I understand that this authorization for a caregiver to accompany my child to dental appointments does not permit the caregiver 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, that has not been previously diagnosed and accepted by a legal guardian authorized as such with this practice, is required at an appointment in which a caregiver is accompanying my child, 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, at the legal guardian, to inform this practice of any change to this authorization.

Print Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Today's Date