



## Authorization for a Non-Legal Guardian to Accompany a Minor

Patient name (First, MI, Last): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

I \_\_\_\_\_ (legal guardian name) authorize \_\_\_\_\_  
(name of care-taker, child's name if child is bringing themselves) to bring my minor child  
\_\_\_\_\_ (child's name) to GV Smiles for scheduled appointments for  
treatment in which a legal guardian to my child has previously consented be performed on my child.

- **If I am unable to attend for the first visit, I will fill out and send the completed medical history and consent form for preventive procedures with the caretaker for the appointment.**
- I understand this authorization for a care-taker to accompany my minor child to appointments does not permit the care-taker to consent to treatment on behalf of a legal guardian.
- I understand that only a legal guardian may consent to a 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 caretaker is accompanying my minor child, the legal guardian will be contacted prior to proceeding with the treatment plan. **If the legal guardian cannot be reached to provide consent for new treatments, the treatment will not be performed.**
- I understand that only a legal guardian may accompany my minor child to an appointment in which sedatives are scheduled to be administered, regardless of whether the sedation technique was previously 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 the legal guardian, to inform this practice of any change to this authorization.

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_