

Budding Smiles of Beaver

Consent in absence of parent form

Patient's Name _____ Date of Birth _____

I am the parent/legal guardian of this child and there is no court order in effect to prohibit me from conferring the power to consent the child's dental care upon another person.

I allow designated responsible parties mentioned below to review, discuss, and consent to all future dental treatment of this child which includes, but is not limited to, sharing HIPAA information related to the patient.

[Yes] [No]

I am listing the name(s) of **other adults authorized by me** to bring the child for all future visits. This may include grandparents, aunts/uncles, siblings (>18 years of age), stepmom/stepdad, etc. I acknowledge and understand that if the last patient visit was over a year ago, I will need to be present at the recall appointment to fill an updated medical history.

	Name of authorized adult	Relationship to patient
1)		
2)		
3)		
4)		

Please **select** the treatments you are conferring the consent for:

- X-Rays/radiographs
- Fluoride
- Cleaning/prophylaxis
- Filling
- Extraction
- Stainless steel crown
- Pulpotomy
- Nitrous Oxide/Laughing Gas
- Silver Diamine Fluoride (SDF)
- Sealants
- Emergency treatment

Signature of Parent/ Legal Guardian

Relationship to Patient

Today's date