



Designation of Another Person to Consent to Dental Care/Treatment

It is best that children are brought for dental care/treatment by a parent or legal guardian. However, there may be times when someone other than you takes care of your child. If your child must be seen at Valley Dental Pediatrics during these times, we need the person who brings your child to be able to sign a consent form for Valley Dental Pediatrics to provide treatment when necessary.

This form allows the person you choose to seek dental care/treatment and sign consent for your child when you are unable to come with the child.

The person you name must be 18 years of age or older & have a complete updated list of allergies and medications.

I, (parent/legal guardian) _____, may have times when I cannot accompany my child, (child's name) _____, (child's date of birth) _____ to Valley Dental Pediatrics. Therefore, I give permission to the following:

Person's Name: _____ Relationship: _____
Person's Name: _____ Relationship: _____
Person's Name: _____ Relationship: _____

to seek dental care/treatment and provide consent for such treatment without having to contact me.

Child's Allergies: _____
Child's Medications: _____

Expiration of Permission (check one):

- This form will remain in effect unless I supply a written notice to revoke this consent
- This form is VALID ONLY during the following timeframe:

Effective Date: _____ Expiration Date: _____

Signature of parent or legal guardian

Date signed