



NON-LEGAL GUARDIAN DENTAL TREATMENT CONSENT

The following form gives authority to a designated adult to arrange for medical/dental care for a minor in the event of an emergency or when the parent/legal guardian cannot be present for routine dental care.

I, _____, do hereby confer upon _____
Name of Parent/Guardian Name of Person Bringing Child(ren)
the power to consent to necessary dental care for the following child(ren):

1. Name: _____ Date of Birth: _____
2. Name: _____ Date of Birth: _____
3. Name: _____ Date of Birth: _____

FOR NEW PATIENT APPOINTMENTS, PARENT/GUARDIAN MUST BE PRESENT. Treatment to be performed includes pediatric services (examinations, cleaning, radiographs, fluoride treatment, and restorative needs as have been fully explained to me). By signing this form I am providing informed consent and assuming financial responsibility for my child(ren) to be treated under the care of Maria Laura Ybarra, DDS and her team.

This consent shall be effective from date to signature until revoked by parent or legal guardian.

I can be reached at (phone) _____

PARENT/LEGAL GUARDIAN SIGNATURE

PARENT/LEGAL GUARDIAN PRINTED NAME

DATE

EMAIL

HOME PHONE

WORK PHONE

Public Notary