



CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

I am the parent or guardian _____ (*child's name*), who is a minor. I have the legal right to consent to dental treatment for this child and hereby authorize the following individual to bring my child to his or her dental appointments:

_____ *Personal accompanying child*

_____ *Relationship to child*

I give consent for dental care which is deemed necessary by Dr. Bunch and/or Dr. Marshall at Northwest Children's Dentistry at the time of the appointment. I understand that this includes receiving health information about the minor.

This content will remain in effect until cancelled in writing by me.

_____ *Parent Signature*

_____ *Printed name*

_____ *Date*