

**Authorization for a Care-Taker
(non-legal guardian) to Accompany a Minor to Appointments**

Patient Name (first, MI, last): _____

Patient Social Security Number: _____

I _____ (legal guardian name)
authorize _____ (name of care-taker)
to bring my minor child _____ (child's
name) to Dr. Christi A. Peterson for scheduled appointments for dental treatment
in which a legal guardian to my child has previously consented be performed on
my child.

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 treatment
for my child.

If treatment consent, that has not been previously diagnosed and accepted by a
legal guardian as such with this practice, is required at an appointment in which a
care-taker 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 treatment consent, the treatment will not be performed.

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: _____