



Authorization – Non-Parent/Guardian to Accompany Patient

Periodically there may be times when you are unable to bring your child to the office for an appointment and need to rely on a family member or friend. We understand these circumstances; however, we must have a written authorization letter allowing this person to accompany your child(ren). The person bringing your child will need to present a photo identification at time of service. This authorization gives the person permission to bring your child(ren) in, speak to the doctor, given authorization for treatment, vaccinations, medication, certain procedures and make general treatment decisions.

I, _____, give the person(s) listed below permission to bring my child to River Valley Pediatric Dentistry and to discuss and share medical/dental information about my child. I further authorize them to see all necessary medical/dental records and make health care decisions of a routine nature as determined at the sole discretion of the River Valley Pediatric Dentistry providers.

I also give them authority to make more serious or urgent health care decisions in the event I cannot be reached or where it is of an emergency nature where there is not sufficient time to seek out my specific consent.

Child's Name: _____ **DOB:** _____

Child's Name: _____ **DOB:** _____

Child's Name: _____ **DOB:** _____

(IF ONLY PARENTS ARE ALLOWED TO BRING CHILD IN, PLEASE INDICATE 'NONE')

Name of Person (allowed to bring child) **Relationship**

Name of Person (allowed to bring child) **Relationship**

Name of Person (allowed to bring child) **Relationship**

Signature (Parent/Guardian) **Date**