



Authorized Care Giver Consent Form

Lakeshore Family Dentistry encourages all parents or legal guardians to accompany their child to each dental appointment. If the parent or legal guardian is not able to accompany the child for their appointment, we have provided this form to complete in order to address this concern.

Please fill out this form prior to the dental visit.

_____	_____
Patient's Name	Patient's DOB
Names of Authorized Care Givers/Relationship to Child:	Caregiver's Cell Phone:
_____	_____
_____	_____
_____	_____

Signatures

I authorize the above caregiver(s) to attend and make decisions on routine dental visit(s) and to make any and all medical decisions on my child's behalf including decisions to authorize treatment. If applicable, I agree to pay for all services provided to my child that the caregiver authorized.

_____	_____
Signature of Parent/Legal Guardian	Date
_____	_____
Printed Name of Parent/Legal Guardian	Cell Phone Number
_____	_____
Signature of Witness	Date