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### **Non-Parent Consent Form**

Columbia Dentistry for Children encourages all parents or legal guardians to accompany their child to each dental appointment. If the parent is unable to accompany the child for their appointment we have provided this form to fill out to address those concerns.

Please fill out the form prior to the visit and send with your child.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Authorized Caregiver's Full Name

\_\_\_\_\_  
Date of Appointment

\_\_\_\_\_  
Caregiver's Relationship to Child

\_\_\_\_\_  
Caregiver's Cell Phone Number

#### **Signatures**

I authorize the above caregiver to make any and all medical decisions on my child's behalf, including decisions to authorize surgery/treatment and/or the administration of prescription medications. I agree to pay for all services provided to my child that the caregiver authorized.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (Can be authorized Caregiver)

\_\_\_\_\_  
Date