

Authorization permitting non-parent to accompany a minor

I, _____, give permission to _____
(Name of Parent/Guardian) (Name of adult to be accompanying child)

to accompany my child _____ and authorize treatment for my
(child's name and DOB)

child. This includes transporting the child into the office, providing a history of present illness, authorizing treatment, and disclosing protected health information. This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above.

Consent for Use of Local Anesthetic

I understand that my child may be given a local anesthetic injection and that in rare situations patients have had an allergic reaction to the anesthetic, an adverse medication reaction to the anesthetic, or temporary or permanent injury to nerves and or blood vessels from the injection. I understand that the injection area(s) may be uncomfortable following treatment and that the jaw may be stiff and sore from the anesthetic injection. Great effort is made to minimize these risks. So please advise us if they encounter, or have encountered, any unusual reactions to any anesthetic, or injection.

Parent Signature: _____ Date: _____

I agree to be available by phone at: _____ and to be financially responsible for all copays and coinsurance at the time of service.

I DO _____ DO NOT _____ authorize the person stated above, to make, change, or cancel any appointments for this minor patient.

Child's Health Information

Current prescribed or over-the-counter medications and dosages:

Medication: _____	Dosage: _____
Medication: _____	Dosage: _____
Medication: _____	Dosage: _____
Medication: _____	Dosage: _____

Allergies, illnesses, or other comments: _____

Temporary Guardian Information

Name: _____ Phone: _____

Relation: _____

Signature: _____ Date: _____

Health Insurance Information

☐ No change since last visit (*skip to next section*)

Insurance Company: _____ Policy Holder: _____

ID Number: _____ Group Number: _____

Effective Date: _____ Copay: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____ Date: _____

This authorization shall remain in effect for the date above ONLY: