



Non-Parent/Guardian Accompanying a Minor Patient Authorization

I, _____, am the legal parent or legal guardian of the minor patient(s) listed in the records of Beyond Pediatric Dentistry.

I understand that a parent or legal guardian is **required** to be present for the child's initial appointment.

For subsequent visits, I authorize _____ to accompany my child(ren) to scheduled dental appointments and to receive information regarding my child's dental condition and recommended care.

This authorization permits the designated individual to consent to **non-invasive and preventive procedures only**, including examinations, dental cleanings, topical treatments, and diagnostic radiographs.

This authorization does **not** permit consent for restorative treatment, sedation (including nitrous oxide), extractions, pulp therapy, crowns, surgical procedures, or any irreversible or invasive treatment without direct communication with and approval from a parent or legal guardian.

I understand that treatment may be rendered by any licensed dentist within the practice.

Financial responsibility for all services remains with the parent or legal guardian on record.

This authorization shall remain in effect until revoked in writing by the undersigned.

Authorized Person's Relationship to the Patient: _____

Signature of Legal Parent/Guardian: _____ Date: _____

Printed Name of Legal Parent/Guardian: _____

Relationship to Patient: _____