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CAREGIVER CONSENT FORM FOR TREATMENT OF A MINOR

It is the policy of Newburyport Pediatric Dentistry that all minors be accompanied by a parent or legal guardian for their dental visits. We understand, however, that there may be times when another caregiver may accompany them.

A parent or guardian MUST be present for your first visit with our office. After this initial appointment, a minor may be brought in by another caregiver. That person may be a babysitter, older sibling, or other family member and must be 18 years or older. If we do not have this consent on file, except in emergency situations, we reserve the right to reschedule your child's appointment. IF this caregiver has Power of Attorney and/or legal decision making for your child, please bring that documentation to your child's appointment so that we have it on file.

I, the undersigned, as the parent of legal guardian, herby authorize the below named caregiver(s) to be present for my child's dental visits.

Name:______________________________ **Relationship to Patient:**____________________

Name:______________________________ **Relationship to Patient:**____________________

Name:______________________________ **Relationship to Patient:**____________________

Name:______________________________ **Relationship to Patient:**____________________

In the event of any issues or concerns, I understand that a reasonable attempt will be made to contact a parent or legal guardian. However, if I am not available, I authorize the above persons to make the necessary decisions on my behalf

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Child/Children's Full Name

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Parent/Legal Guardian's Name (Print) **Relationship to Child**

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Signature **Date**