

AUTHORIZATION FOR A CARETAKER

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Patient Name:

Patient Social Security :

I, _____ (legal guardian name), authorize
_____, (name of caretaker) to bring my minor
child _____ (child's name) to

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Dr. David L. Rothman's Dental Practice for scheduled appointments for treatment in which a legal guardian has previously consented be performed on my child.

I understand this authorization for a caretaker to accompany my minor child to appointments does not permit the caretaker to consent to treatment on behalf of a legal guardian. I understand that only a legal guardian may consent to treatment for my child.

If treatment consent, that has not been previously diagnosed and accepted by a legal guardian authorized as such with this practice, is required at an appointment in which a caretaker is accompanying my minor child, the legal guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to provide treatment consent, the treatment will not be performed.

I understand that only a legal guardian may accompany my minor child to an appointment in which sedatives are scheduled to be administered, regardless of whether the sedation technique was previously consented to by a legal guardian authorized as such with this practice.

I understand that this authorization will remain in effect until the practice is otherwise notified of the above designated caretaker's change in status. I understand that it is my responsibility, as the legal guardian, to inform this practice of any change to authorization.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE



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