



Permission To Accompany Minor

I, _____, give permission to temporary guardians listed below to accompany my child(s), _____,

and authorize treatment for my child in accordance with the office policy of Pennington Orthodontics & Pediatric Dentistry. This includes bringing the child into the office, providing a history of present illness, disclosing protected health information, witnessing any physical exam and procedures(s) completed by the provider. This adult has the responsibility to relay any diagnosis, treatment plan or prescription(s) to the parent or legal guardian mentioned above. He/She also agrees to be financially responsible for all copays and coinsurance that day.

I agree to be available by phone in case of emergency or valuable information not unknown by temporary guardian.

#1 Temporary Guardian Information:

Full Name: _____ Relationship: _____

Phone: _____ Address: _____

This authorization is effective from: _____ to _____, or unless otherwise revoked in writing by the undersigned parent(s).

#2 Temporary Guardian Information:

Full Name: _____ Relationship: _____

Phone: _____ Address: _____

This authorization is effective from: _____ to _____, or unless otherwise stated and revoked in writing by the undersigned parent(s).

Child's current, prescribed, or over-the-counter medications:

Allergies, illnesses or other comments:

Emergency Contact Information for Parent/Legal Guardian:

Name: _____ Phone: _____