



### Authorization to Accompany Minor

We are committed to providing the best quality clinical care and clear communication to our patients and their parent/guardian. In our practice, we often have adults other than the parent /guardian accompany a child to an appointment. Individuals other than the parent/guardian are NOT allowed to approve or consent to treatment. This insures the rights and responsibilities as the responsible party are not inadvertently over stepped.

If you have a step-parent, or other relative/adult you are authorizing to accompany your child in your absence, the following form MUST be completed prior to us seeing your child.

We take our responsibility for your child's oral health with the utmost respect and are continually striving to improve our services and communication to all your families. Thank you, again for entrusting your child's oral health to our care.

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Date: \_\_\_\_\_

I, \_\_\_\_\_, the legal guardian of: \_\_\_\_\_ child's  
DOB: \_\_\_\_\_ give full authorization to: \_\_\_\_\_, relationship:  
\_\_\_\_\_ to accompany my child for any future dental care. I understand that I  
will be contacted for authorization if there are any changes in my child's treatment plan.  
I can be contacted at the following telephone number: \_\_\_\_\_.

Treatment may be withheld at the doctor's professional discretion until proper legal consent has been given.

Sincerely,

Westland Dental Group

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_