



Child Presenting with Another Adult

I _____ (Parent or Guardian) am giving temporary permission to _____ (Name/Relationship to patient) to provided consent for _____ . (Patient's Name) This includes consent for invasive/non-invasive procedures.

Invasive procedures include the administration of nitrous oxide inhalation sedation, local anesthesia, placement of any type of restoration (not including sealants), or the irreversible removal of tooth structure (including extractions). Non-invasive procedures include examination (initial, emergency or periodic), child prophylaxis (cleaning), diagnostic radiographs, fluoride application, sealant placement and other minor oral procedures.

This permission will be valid for ninety (90) days following the date of signature.

Date

Printed Name

Signature

Relationship to Patient