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CONSENT FOR NON-PARENT TO BRING MINOR CHILD TO APPOINTMENT

Name of Patient: _____

Date of Birth: _____

I am the parent or guardian of (legal name of patient). I have the legal right to consent for medical treatment for this child (patient). I authorize the following individual, who is a person over 18 years of age and whose relationship to the child is:

_____ (Person bringing child to appointment) _____ (Relationship to child)

to bring the child to his or her dental appointment, and to consent to medical care which is deemed necessary by the dental providers at Pine Tree Pediatric Dentistry at the time of the appointment. I understand that this delegation includes receiving health information about the minor necessary to make immediately necessary health care decisions.

For a child/children over the 15 years old please check one:

- Since my child/children is/are over the age of 15, I also give permission for them to be present for treatment unaccompanied by an adult.
- Although my child is/are over 15, I wish to be informed of all treatment planned.

This consent is valid until revoked in writing by me, the parent/legal guardian.

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____

Phone Number: _____