



**IT'S A SMALL  
WORLD**  
CHILDREN'S DENTISTRY

## Alternate Caregiver Consent Form

***I authorize the following individual(s) to bring my children to their appointments:***

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to child : \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to child : \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship to child : \_\_\_\_\_

I attest that the above named individuals are all 18 years of age or older as of this date.

**Intials:** \_\_\_\_\_

I authorize the above named individual(s) to consent to treatment for my children. This may include, but is not limited to, diagnostic, preventative, and restorative treatment, the use of Nitrous oxide and other sedative medications. It's A Small World may relay any medical information about my child that is necessary for the above named individual(s) to provide informed consent to the treatment.

**Intials:** \_\_\_\_\_

I understand that the doctor will communicate her findings and treatment plan to the caregiver who brings the child, and that under most circumstances a follow-up call to me personally should not be necessary. I agree to be responsible for any fee's for services requested by the above-named individual(s) when permitted by my insurance carrier.

**Intials:** \_\_\_\_\_

I agree not to hold It's A Small World and its staff members responsible should any disagreement between the above named individual(s) and myself arise regarding treatment decisions.

**Intials:** \_\_\_\_\_

I attest that I am the parent or legal guardian of the following children and that I have the legal authority to make this agreement. I understand that I can revoke the authorization for any or all these individuals at any time.

**Intials:** \_\_\_\_\_

**Children covered by this consent (list full names and dates of birth):**

1. \_\_\_\_\_ ( \_\_\_/\_\_\_/\_\_\_ )

2. \_\_\_\_\_ ( \_\_\_/\_\_\_/\_\_\_ )

3. \_\_\_\_\_ ( \_\_\_/\_\_\_/\_\_\_ )

4. \_\_\_\_\_ ( \_\_\_/\_\_\_/\_\_\_ )

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date