

Absence of Legal Guardian Consent

Child's Name _____ **DOB** _____

It is required by law that children under the age of 18 are accompanied by a parent or legal guardian to dental appointments unless written consent is given.

Please complete the following form if you would like another adult, 18 years of age or older to accompany your child to dental appointments. We will require a valid picture identification.

I, _____, parent or legal guardian of _____, allow the following people to accompany my child to dental appointments:

Name of persons who may bring child	Relationship to child	Phone number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I give consent for Gettysburg Dental Associates/Just Kids to perform necessary dental procedures without my presence. I give permission for the person accompanying my child to receive information regarding my child's dental health.

I acknowledge my consent will remain in effect until I give further written notice to Gettysburg Dental Associates/Just Kids.

Printed Name of Parent/ Legal Guardian

Date

Signature of Parent/ Legal Guardian

Date