

**Parent Delegation Form: Instructions:** Complete all appropriate fields.

**Parent:** *Please make arrangements to ensure that all co-payments and non-covered services are paid at the time services are rendered.*

## Authorizing the Dental Care of a Minor

I, \_\_\_\_\_, am the  
(Print Name)

- Natural or adoptive parent of
- Guardian of
- Person who, under court order, is authorized to give consent for

The minor, \_\_\_\_\_  
(Print Name)

I, hereby, delegate \_\_\_\_\_  
(Print name of person to whom authority is delegated)

To give consent of dental care to the above named minor. The relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parent
- Another adult who has care and control of the above named minor

\_\_\_\_\_  
Signature of parent or Guardian

\_\_\_\_\_  
Date