



## Growing Smiles Pediatric Dentistry

### Parent Delegation Form

**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

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

The minor, \_\_\_\_\_

I, hereby, delegate \_\_\_\_\_

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

\_\_\_\_\_

Parent or Guardian Signature

Date