



Victor Valley
Kids Dental

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GENERAL CONSENT FOR ACCOMPANYING CHILD TO DENTAL OFFICE FOR TREATMENT

I, _____ THE LEGAL PARENT OR GUARDIAN FOR
(Parent/Legal Guardian's Name)

_____ GRANT _____
(Patient's Name) (Name of individual being granted authorization)

- GRANDPARENT
- AUNT/UNCLE
- SIBLING
- FRIEND
- COURT-APPOINTED CUSTODIAN
- OTHER: _____

THE PERMISSION TO ACCOMPANY MY CHILD TO HIS/HER DENTAL APPOINTMENT WITH VICTOR VALLEY KIDS DENTAL.

IT IS UNDERSTOOD THAT THE ABOVE NOTED ADULT ACTS ON MY BEHALF AND IS PERMITTED TO MAKE DECISIONS REGARDING THE TREATMENT OF MY CHILD IN THE EVENT THAT I CANNOT BE REACHED.

IT IS UNDERSTOOD THAT I REMAIN FINANCIALLY RESPONSIBLE FOR THE ACCOUNT OF MY CHILD.

PARENT/LEGAL GUARDIAN SIGNATURE _____

DATE _____

PLEASE NOTE:
THIS AUTHORIZATION WILL REMAIN ON FILE AND REMAIN ACTIVE UNTIL SUCH TIME THE CHILD IS NO LONGER A PATIENT WITH OUR OFFICE OR THE PARENT OR LEGAL GUARDIAN SENDS WRITTEN INSTRUCTION TO REMOVE THE ABOVE NAMED PERSON/PERSONS FROM RESPONSIBILITY TO ACCOMPANY CHILD.