

Designation of Another Person to Consent for Dental Care

It is best that a parent or legal guardian accompanies children for each visit to Mt. Kisco Pediatric Dentistry. However, we understand there may be times when someone other than you takes care of your child. If your child must be seen at these times, we require a signed consent to provide dental care.

This consent form allows the person you choose to seek dental treatment and sign consent for your child when you are unable to come with the child.

- **The person you name must be 18 years of age or older.**
- **Please use a separate form for each child.**

I, (parent, legal guardian) _____, cannot accompany my child, (child's name) _____, to Mt. Kisco Pediatric Dentistry. Therefore, I give permission to (person's name) _____ to (check one)

- I give permission for this person to seek dental treatment for my child **if attempts to contact me are unsuccessful**. This permission includes exam, x-rays, cleaning, fluoride treatment, and any other dental treatment deemed necessary by Dr. Loan Mao and her team. This consent shall remain in effect until cancelled by me in writing.
- I give permission for this person to seek dental treatment for my child **without** having to contact me. This permission includes exam, x-rays, cleaning, fluoride treatment, and any other dental treatment deemed necessary by Dr. Loan Mao and her team. This consent shall remain in effect until cancelled by me in writing.

Parent / Guardian Signature: _____

Phone number: (_____) _____ - _____

Date: _____ / _____ / _____