

Foster City Dental Care
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San Mateo, CA 94404
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AUTHORIZATION FOR A CARE-TAKER TO ACCOMPANY A MINOR TO DENTAL APPOINTMENTS

Minor Child's Name (First, MI, Last): _____

Name of Parent/Legal Guardian (First, MI, Last): _____

I authorize the care-takers listed below to bring my minor child (named above) to FOSTER CITY DENTAL CARE for scheduled appointments for treatment to which I have previously been notified of and have consented to in writing on my minor child's behalf.

Please be sure to list those that will most likely, other than yourself, bring your child to their appointments at FOSTER CITY DENTAL CARE. Examples are relatives, step-parents, siblings, baby-sitters/nannies, friends and significant others.

I understand this authorization for a care-taker to accompany my minor child to appointments does not permit the care-taker to consent to treatment and that only a parent/legal guardian may consent to treatment for my minor child. All consents and health updates needed by FOSTER CITY DENTAL CARE must be completed in writing in advance when a care-taker is accompanying my minor child to their dental appointment. Additionally I accept responsibility for all incurred charges and will arrange for payment in advance or on the day of service to meet my financial responsibilities. If I am not present and there is a change in treatment at the appointment which has not been previously diagnosed, explained to me and consented to in writing by me, every effort will be made to contact me prior to proceeding. If I cannot be reached to provide verbal or written consent only the minimum treatment necessary for the protection of the minor child's teeth will be performed including the possibility of no treatment at all. Charges for the visit may still apply.

I further understand that should an emergency occur involving my minor child during their appointment when I am not present, the Staff at FOSTER CITY DENTAL CARE will handle the situation to the best of their professional ability including contacting 911 if necessary.

Following is the best number to reach me at: _____

I understand that this authorization will remain in effect until FOSTER CITY DENTAL CARE is otherwise notified of any change in the status of any of the above designated care-takers. I understand that it is my responsibility, as the parent/legal guardian, to inform FOSTER CITY DENTAL CARE of any change to this authorization.

Parent/Legal Guardian Signature

Date