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APDkids.com

GENERAL CONSENT FOR ACCOMPANYING CHILD TO DENTAL OFFICE
FOR TREATMENT

I, _____, THE LEGAL PARENT OR GUARDIAN FOR

_____ GRANT _____,
Child's Name

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

THE PERMISSION TO ACCOMPANY MY CHILD TO HIS/HER DENTAL APPOINTMENT WITH DR. CHAD ELLSWORTH OR DR. JEFFREY COX AT: ANTHEM PEDIATRIC DENTISTRY.

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 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.
