



Non-Parent Consent Form

We at Bippo's Place for Smiles encourage all parents to accompany their child during their dental visit. If the parent, or legal guardian, is not able to be present for the child's dental appointment, permission may be given to another adult. We have provided this form so that you may give another adult permission to accompany your child. Please inform the authorized caregiver that they must remain in the office for the duration of the child's appointment.

Patient's name {Printed} Patient's Date of Birth

Name of authorized person	Relationship to patient	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the above named person(s) to accompany my child to his/her dental visit. I further authorize said person(s) to make any and all medical decisions on my child's behalf, including decisions to authorize treatment and/or the administration of medications. If applicable, I agree to pay for all services provided to my child that the above named caregiver authorizes.

_____	_____
Printed name of Parent/Legal Guardian	Date

_____	_____
Signature of Parent/Legal Guardian	Phone number

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