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Authorization Of Caregiver to Act On Parent/Guardian Behalf

****Please note: The completion of this form does not authorize other individuals acting on parent/guardian's behalf to sign or authorize any treatment beyond routine dental care *****

Name of Child : _____

Name of Child : _____

Name of Child : _____

Name/Relationship of Caregiver: _____

I, the undersigned parent or guardian of the child(ren) named above, entrust the care of the child(ren) to the caregiver named above during any present or future visit to any office of Grayson/Gwinnett Pediatric Dentistry. The purpose of this Authorization is to permit the children to receive dental treatment when I cannot be present in person. I understand that only adults (18 or older) may act as caregivers under this Authorization.

The caregiver has the power and authority, on my behalf:

- To receive and disclose all health information, and to make decisions related to routine dental treatment of the children at Grayson/Gwinnett Pediatric Dentistry.
- To commit me to pay all charges for dental treatment to which the caregiver consents, and provide payment for any necessary services on the day of cleaning and/or exam.
- To accompany my child to any appointment, but not to sign or authorize treatment of any manner.

Every act the caregiver lawfully does pursuant to this Authorization shall be binding on me. I understand that I will be liable for all charges for dental treatment to which the caregiver consents pursuant to this Authorization. This Authorization shall remain in effect until termination of patient enrollment at any office of Grayson/Gwinnett Pediatric Dentistry or until I revoke this Authorization as provided below.

I understand that I have the following rights: I can revoke this Authorization at any time by giving my oral or written revocation to the office of Grayson/Gwinnett Pediatric Dentistry at which my children are being treated.

I HAVE READ AND I UNDERSTAND THIS AUTHORIZATION.
Signature of Parent/Guardian :: _____
Printed Name of Parent/Guardian :: _____
Date Signed by Parent/ Guardian :: _____
Witness Signature :: _____