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Caregiver Designation Form

I, _____, grant the following adult caregiver(s) consent for all treatment, including extractions, root canals and emergencies, to my child(ren) in my absence:

Name of adult caregiver:

Relationship to patient:

I understand that:

- A caregiver must be 18 years of age or older.
- All initial, recall, and consult exam visits require a parent/guardian be present to review and consent to a minor's (less than 15 years of age) treatment plan.
- In the event of an oral health emergency, the dental provider may treat the minor without the consent of parent/guardian or caregiver, under the Good Samaritan Act. The treating provider will inform the Dental Director of this treatment within 24 hours.
- Designated caregivers are permitted to receive information related to the treatment of the patient either verbally, or in writing.
- The parent/guardian remains responsible for payment of all services to the patient.

Name of parent/legal guardian consenting to caregiver designation:

Printed Name

Signature

Today's Date

Name of Child: _____

Date of Birth: _____

MRN: _____

This designation will stay in effect until the parent/guardian requests removal of the caregiver designee, or until the minor turns 15.

MCHD Staff Member:

Printed Name

Signature

Today's Date

This form is to be scanned into the patient's dental chart