LEGAL CONSENT TO MAKE DECISIONS

CHILD'S NAME _____

As a convenience, we would like to offer you a chance to provide Kidz-R-Kool Pediatric Dentistry and staff, with a list of individual(s) that may accompany your child to subsequent visits. Listing an individual will automatically provide them with your legal consent to make both treatment and financial decisions on your behalf.

With this list, a family member, step-parent, or good friend would have the authority to accompany your child to the dental appointment and make decisions without the need of any additional written or oral consent. If not listed, patients must always be present with a parent or legal guardian. Please only provide the names of those individuals that you trust to make sure decisions as treatment changes, to make payments, and to discuss medical and financial information. Please remember, individuals that are permitted to make treatment decision will also be responsible for any incurred payment changes.

We, as a HIPAA compliant healthcare facility, will use our best discretion to maintain all personal information and will only provide the individuals listed below with information needed to make a specific decision on your behalf. Information will only be provided on a need-to-know basis and we will not allow these individuals to have or copy your child's dental chart. We simply want to make treating your child in our facility as convenient as possible for you.

Please identify such individuals with your signature at the bottom of this form with your decision to allow them to provide consent to make treatment decisions, to make financial arrangements, or both. Please also remember any individuals accompanying your child to an appointment will also be responsible for additional charges incurred during that particular visit.

CONSENT TO MAKE DECISIONS:

Individual's Name	Relationship
_____	_____
_____	_____
_____	_____

As the parent or legal guardian of the patient notes above, I do hereby provide the individuals listed beneath the CONSENT TO MAKE DECISIONS, the legal authority to make decisions in my absence. I also understand that these decisions may change or alter previous treatment recommendations or charges that I have already agreed to and that I as this child's parent or legal guardian, am ultimately responsible for any new charges incurred as a result of treatment decisions made by any individual listed above.

Parent or Legal Guardian Signature _____ Date _____