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## Non-Parent Consent Form

Northeast Pediatric Dentistry's office policy encourages that all parents or legal guardians accompany their child to each dental appointment. If the parent is unable to accompany the child for their initial dental appointment or recall visits we have provided this form to fill out to address those concerns. The office will not extend this consent for dental treatment with local anesthesia / nitrous oxide oral sedation, or general anesthesia with our dental anesthesiologist. We insist on this so that we may provide care with the parents or guardians full awareness and informed consent. If we are unable to obtain consent and information needed, we will have to re-schedule the child's appointment.

### **CHILD'S INFORMATION**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

### **AUTHORIZED CAREGIVER'S INFORMATION**

\_\_\_\_\_  
Caregiver's Full Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Caregiver's Cell/Home Number

The above name caregiver shall be authorized to accompany the above named child for dental initial examinations and subsequent recall visits. All written consents and approval must be made or filled out by parent or legal guardian. It is understood that the above noted caregiver is not financially responsible for the account of my child.

In order to allow for the responsible caregiver to accompany my child, I understand that I must fill out this form, the initial patient registration package, and provide a recent copy of my current ID or driver's license. All consents and decisions regarding my child will be made by the parent or guardian.

This authorization will remain in effect and on file 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(s) from responsibility to accompany the child.

\_\_\_\_\_  
Print of Parent/Legal Guardian (Circle One)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (Circle One)