

Caregivers Authorization Affidavit

Today's Date _____ Name of minor: _____ Minor's DOB: _____

- **If you are Parent or Legal Guardian please fill out Section 1 of this form.**

SECTION 1

I, _____ am giving _____
PARENT/LEGAL GUARDIAN'S NAME NAME OF PERSON AUTHORIZATION GIVEN TO
authorization to make dental care decisions in my absence.

PARENT/GUARDIAN'S SIGNATURE

RELATIONSHIP TO CHILD

- **If you are NOT the Parent or Legal Guardian please fill out Section 2 of this form.**

SECTION 2

By completion of this form, you are indicating an agreement has been made between you and the parent or legal guardian to authorize dental care for today's visit.

My name (adult giving authorization): _____

My home address: _____

___ I am a grandparent, aunt, uncle, or qualified relative of the minor

___ Other _____
RELATIONSHIP TO CHILD

Check one or both (for example, if one parent was advised and the other cannot be located):

___ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize dental care, and have received no objection.

___ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization

ADULT GIVEN AUTHORIZATION

Pediatric Dental Specialists

Santos Cortez, D.D.S., Inc. – Ana M. Planells, D.D.S. – Estela Sanchez, D.D.S.

3320 Los Coyotes Diagonal - Suite 200 - Long Beach, CA 90808 – (562) 377-1375 – Fax (562) 377-1343

www.lbpds.net