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Authorization for a Caretaker, (non-legal guardian) to accompany a minor to appointments.

Patient Name (first, MI, last): _____

I, _____ authorize _____
to bring my minor child _____ to Camarillo Childrens Dental Group
for scheduled appointments for treatment in which a legal guardian to my child has previously consented
to be performed on my child.

I understand this authorization for a caretaker to accompany my minor child to appointments DOES NOT
permit the care-taker to consent to treatment on behalf of a legal guardian. I understand that only a legal
guardian may consent to treatment, in writing, for my child.

Should there be additions or changes in treatment that have not been previously diagnosed and accepted
by a legal guardian, the legal guardian will be contacted prior to proceeding. If the legal guardian cannot
be reached to provide treatment consent within a reasonable amount of time, the treatment will not be
performed.

I understand that only a legal guardian may accompany my minor child to an appointment in which
sedatives are scheduled to be administered, regardless of whether the sedation technique has previously
been consented to by a legal guardian authorized as such with this practice.

I understand that this authorization will remain in effect until the practice is otherwise notified of the
above designated caretaker's change in status. I understand that it is my responsibility, as the legal
guardian, to inform this practice of any change to this authorization.

Parent/Legal Guardian

Signature: _____ Date: _____