



AUTHORIZATION FOR MINOR CHILD ACCOMPANY

I give the authorized listed person(s) permission to accompany my child to the office of Grins on Green Bay for dental appointments.

I also give permission to the authorized listed person(s) to make necessary decisions regarding dental treatment for my child including, but not limited to:

- The consent to accompany my child for exams, dental cleanings or restorative treatment and to discuss post-operative instructions.
- The consent of Grins on Green Bay to discuss finances (treatment charges, account balances, next visit charges) with this authorized person.
- The consent to discuss my child's dental findings, future dental treatment needs and any pertinent personal health information (PHI).

As the parent or legal guardian, I understand that I must sign any treatment plans or informed consents before any restorative procedures or invasive dental treatment can be performed for my child. I further understand that it is my responsibility to provide payment or a source of payment on the day that services are rendered, even when this authorized person brings the child, or no treatment will be performed for my child.

(Child's Full Name) (Date of Birth)

(Child's Full Name) (Date of Birth)

(Child's Full Name) (Date of Birth)

(Name of authorized person(s) full name) (Date)

(Name of authorized person(s) full name) (Date)

(Signature of Parent or Legal Guardian) (Date)