



South Bend Children's Dentistry, P.C.
103 S. Eddy Street
South Bend, IN 46617

Non-Parent Authorization Form

Date: _____

Child/Children: _____

Parent/Legal Guardian: _____

Authorized Adult: _____ (1 per form)

APPOINTMENTS (Please choose all that apply) Form

_____, Legal Parent/Guardian listed above, allow the Authorized Adult listed above, to bring my child/children listed above to any/all dental appointments with South Bend Children's Dentistry at either location.

_____, Legal Parent/Guardian listed above, allow the Authorized Adult listed above, to bring my child/children listed above to the following dental appointment date: _____ with South Bend Children's Dentistry at either location.

_____, Legal Parent/Guardian listed above, allow the Authorized Adult listed above, to schedule or change appointments for my child/children listed above with South Bend Children's Dentistry.

FINANCIAL (Please choose 1)

_____, Legal Parent/Guardian listed above, allow the Authorized Adult listed above, to make financial decisions **REGARDING ANY/ALL TREATMENT NEEDED** on my behalf for my child/children listed above and allow them to sign treatment plans and financial arrangements on my behalf with South Bend Children's Dentistry at either location.

_____, Legal Parent/Guardian listed above, allow the Authorized Adult listed above, to make financial decisions **REGARDING PREVENTIVE SERVICES ONLY** on my behalf for my child/children listed above and allow them to sign treatment plans and financial arrangements on my behalf with South Bend Children's Dentistry at either location.

_____, Legal Parent/Guardian listed above will make all decisions regarding my child/children with South Bend Children's Dentistry.

Signature: _____

*This authorization may be rescinded at any time. Please submit in writing.