

Authorized Additional Custodians

As the legal guardian of _____, I authorize Canyon Ridge Pediatric Dentistry,
(Child's Name)

Dr. Marc Thomas and staff to provide dental care to my child when I am not present if my child is accompanied by one of the following authorized custodians:

Full Name: _____ Phone: _____

Relationship to patient: _____

This authorized custodian (circle one) **CAN / CAN NOT** authorized treatment for my child.

Full Name: _____ Phone: _____

Relationship to patient: _____

This authorized custodian (circle one) **CAN / CAN NOT** authorized treatment for my child.

Full Name: _____ Phone: _____

Relationship to patient: _____

This authorized custodian (circle one) **CAN / CAN NOT** authorized treatment for my child.

By signing below, I understand that treatment, which may include fees or change in planned treatment, along with scheduling appointments may be discussed with the authorized custodian listed above **if I have given permission**. I understand this authorization will be valid until I provide a written request for it be revoked or request updated custodians be listed.

Legal Guardian Signature

Date

Witness-Canyon Ridge Pediatric Dentistry

Date