



# Gary D. Sabbadini, D.D.S., A.P.C.

## Dentistry for Children & Young Adults

*Diplomate, American Board of Pediatric Dentistry*

*Fellow, American Academy of Pediatric Dentistry*

*Fellow, International College of Dentists*

*Fellow, Pierre Fauchard Academy*

### Authorization for a Care-Taker (non-legal guardian) to Accompany a Minor to Appointments

Patient Name (first, MI, last): \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ (legal guardian name) authorize the following care-takers:

\_\_\_\_\_  
\_\_\_\_\_

to bring my minor child \_\_\_\_\_ (child's name) to Gary D. Sabbadini, D.D.S. for scheduled appointments for treatment in which a legal guardian to my child has previously consented be performed on my child.

I understand this authorization for a care-taker 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 for my child.

If treatment consent is required at an appointment in which a care-taker is accompanying my minor child that has not been previously diagnosed and accepted by a legal guardian authorized as such with this practice, the legal guardian will be contacted prior to proceeding with the treatment plan. If the legal guardian cannot be reached to provide treatment consent, 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 was previously 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 care-taker'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: \_\_\_\_\_

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