



**BRICKYARD
DENTAL GROUP**

MICHAEL BARNO, DMD
CHRIS ROBNETT, DMD
NICOLE ANDREINI, DDS, MS

122 N. Brickyard Road Columbia SC 29223

803-736-1024

DELEGATION OF PARENTAL AUTHORITY FOR CHILD PRESENTING WITHOUT ADULT

As the parent or legal guardian of _____, a minor, I grant my child the following authority:

_____ To present for dental treatment without an accompanying adult.

_____ To authorize any and all emergency treatment related to his/her dental treatment which is deemed necessary or advisable.

_____ To make dental treatment decisions.

_____ To schedule dental appointments.

_____ To make payments for treatment.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Date _____ Cell # _____

Other contact # _____

DELEGATION OF PARENTAL AUTHORITY TO ADULT OTHER THAN PARENT OR LEGAL GUARDIAN

As the parent or legal guardian of _____, a minor, I grant _____ the following authority:

_____ To present my child for dental treatment

_____ To authorize any and all emergency treatment related to my child's dental treatment which is deemed necessary or advisable while the child is in his/her custody.

_____ To make dental treatment decisions for my child.

_____ To schedule dental appointments for my child.

_____ To make payments for my child's dental treatment.

Name of custodian: _____ Relationship to child _____

Parent/Legal Guardian's Printed Name

Parent/Legal Guardian's Signature

Date _____ Cell # _____

Other contact # _____