

Dr. Rachael Graue D.D.S. P.C
Dr. Reese Graue D.D.S
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6004 State Route 9, Parkville MO 64152
(816)746-6437 (KIDS)

Dear Parent or Guardian,

Due to the ever-changing legal climate regarding all treatment for minor children, **we are requiring all children under 18 years of age**, who are not accompanied by a legal parent or guardian to have a **notarized PERMISSION TO AUTHORIZE TREATMENT form on file**. The Permission to Authorized Treatment form does not expire but will need to be updated if there is a change in person(s) you allow to bring your child. If you cannot get it notarized prior to coming please fill out and sign the form in front of our front office staff. You may access the form on our website as well.

The Permission To Authorize Treatment form allows you to choose the person(s) you would allow to bring your child to Operative (dental work) appointments, who is 18 years of age or older. It must be someone the parent/legal guardian feels comfortable with in making any medical decisions about the patient/child we are treating and who we can speak to regarding any treatment. If a Step Parent is bringing the child, they too need to be on the Permission to Authorize Treatment form **unless there is legal guardianship/adoption paperwork on file**.

We understand that your child is driving and transitioning into adulthood. You may be allowing them to drive themselves and siblings to appointments. We will allow this for routine cleanings and check-ups for existing patients. Please understand that a lot of information will be given to the teen at this appointment and we may be discussing treatment needed or referrals. This information will be sent home with the teen, but it is your responsibility to decide if the child is able to relay the material to you. Our Pediatric dentist prefer the parent or adult bring the younger children due to the potential amount of material presented and the possible need for scheduling follow up appointments.

Any patient under age 18 having dental operative work must have the parent or predesignated adult accompany and stay at the office during the entire procedure. No exceptions, per doctor. Adverse reactions are always a possibility with any procedure.

If the person bringing the child to the appointment is not on the Permission to Authorize Treatment form, they will be asked for their ID and the legal parent or guardian will be contacted to get verbal permission for that day's visit. We will notate in the chart we have verbal permission and give a Permission to Authorize Treatment form to the person accompanying the child that day. Upon the child's next scheduled appointment, the form will need to be notarized and returned to our office. **Only 1 verbal consent will be attempted**. Any following appointments where the parent is not present may be rescheduled until consent is received.

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PERMISSION TO SEEK TREATMENT

I/We _____ are unable to bring my child(ren)

Name

Date of Birth

to the appointment, I Give (adults 18 years and older that may bring my child(ren)

1. _____

2. _____

3. _____

permission to seek treatment and have details of treatment discussed and can make emergency medical decisions should I be un-reachable. I/We can be reached at one these numbers:

1. _____

2. _____

3. _____

if there is an emergency or the doctor needs to speak to a natural parent or legal guardian

Legal Guardians Signature

Date

Notary
