

DELEGATION OF PARENTAL RIGHTS AND LIMITED POWER OF ATTORNEY FOR CONSENT TO DENTAL TREATMENT OF YOUR CHILD

Name of Minor:

Date of Birth:

Chart Number:

Known Allergies/Drug Sensitivities: Known Medical Conditions:

I/we are the parent(s) or legal guardian(s) of the above named minor. I/we appoint:

Name:

Phone:

Cell:

Address:

Note: It is essential that you trust the person you are appointing to make the decisions you would make under similar circumstances.

This appointment authorizes Willamette Dental Group to rely upon the person I/we have appointed to make any dental care decisions for the above-named minor and to act on my/our behalf to consent to dental care for the minor during any periods of my/our absence. I/we understand this delegation includes receiving health information about the minor necessary to make dental care and emergency medical care decisions. I/we agree that any dental service fees incurred as a result of the appointed person's actions taken in connection with the minor are joint and several obligations of each parent or guardian.

Duration (indefinite; unless specified):

Limitations to Delegation (not applicable; unless specified):

AT LEAST ONE PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM BELOW:

Parent/Guardian

Printed Name

Signature

Phone

Cell

Date

Parent/Guardian

Printed Name

Signature

Phone

Cell

Date

Are you planning a trip? Away for the day?

If your child needs non-emergency dental care you as a parent or guardian must give permission.

What about times when you cannot be reached for permission?

In an emergency, your child may be treated without your consent if a dentist determines that your child needs immediate care and further delay would increase the risk to your child's health.

In situations that are not emergencies, your child may need unexpected care. In these cases, contacting parents or guardians for permission can delay treatment and create unnecessary anxiety or discomfort for your child.

How can you prepare for the unexpected care your child might need when you are away?

- When you cannot come with your child to dental appointments, or know you will be hard to reach, you may legally delegate your authority to give permission to another adult to authorize dental care for your child.
- Make sure the person who is caring for your child knows how to reach you at all times.

The form, Delegation of Parental Rights and Limited Power of Attorney for Consent to Treatment of Your Child, is a legal document.

A parent or guardian of a minor may delegate to another person any of the parent's or guardian's powers regarding care. The form's purpose is to allow your child to receive necessary dental care when you, the parent or guardian, are unavailable to give written informed consent.

- Fill out this form carefully. With it, you may appoint a relative, friend, neighbor or anyone you know and trust who is legally competent and over 18 years of age to authorize treatment in your absence.
- After you complete the form, give it to the adult you have designated and explain its use. Make sure the adult knows that he or she must take the form with them to the dentist's office.

The form will be placed in your child's dental chart so that it is available to Willamette Dental Group providers and administrators as needed.

State	Age of Consent
Oregon	Fifteen Years of Age or Older
Washington	Eighteen Years of Age or Older
Idaho	Eighteen Years of Age or Older