



Consent for Non-Parent to bring Adolescent to Myofunctional Therapy Appointments

Name of Patient: _____ Date of Birth: _____

I am the parent or guardian of _____. I have the legal right to consent for medical/dental treatment for this child.

I authorize the following individual, _____, who is a person over 18 years of age and whose relationship to the child is: _____ to bring the child to his or her Myofunctional Therapy appointments at Braces For All Ages, PC, and to consent to medical care which is deemed necessary by the doctors at Braces For All Ages, PC at the time of the appointment. I understand that this delegation includes receiving health information about the minor necessary to make immediately necessary health care decisions. This consent is valid until revoked in writing by me, the parent or legal guardian.

Please fill out the following:

List of Current Medications (write none if they are not on anything): _____

List of any other Medical Conditions (write none if they do not have any):

Signature of Parent or Guardian: _____

Printed Name: _____

Date: _____

Contact phone number for parent/guardian that can be used the day of appointment if needed: _____

**This form must be filled out entirely and signed in order to provide services.*