UnityPoint Health
St. Luke's Hospital

St. Luke's Dental Health Center
Consent to Treat Minor in Parental Absence

In the event you (parent/guardian) are unable to be at the Dental Health Center (DHC) for your child's dental appointment, we need to know who you have agreed can bring your child, and make decisions about their dental care. Parent or guardian should speak with those listed who would be caring for your child in your absence.

When someone other than you brings your child to their appointment, we may call you to consent to dental treatment.

Name(s) of Parent/Guardian		
Parent Name 1		Relationship to Patient
Phone 1	Phone 2	Phone 3
Parent Name 2		Relationship to Patient
Phone 1	Phone 2	Phone 3

Authorized Person(s)		
In my absence, I authorize the person(s) listed below to bring my child to the DHC, consent to my child's dental treatment, and to make decisions about treatment if I am unreachable. The person(s) must be age 21 or older.		
Name	Phone	Relationship to Patient
Name	Phone	Relationship to Patient

This form applies to the following child(ren)	
Child's Name	Date of Birth
Child's Name	Date of Birth
Child's Name	Date of Birth

This authorization form will remain effective until otherwise changed by me in writing. I understand that it is my responsibility to update this information as needed. I may be asked to update this information annually.

By typing my name below, I agree I am electronically signing this form.

Signature of Parent/Legal Guardian	Relationship to Patient	Date