



Permission To Treat Minor Child in Parent/Guardian's Absence

I, _____ am the legal guardian of _____, a minor child,
whose date of birth is _____. I hereby give (check one of the following):

Check ONE

- Permission to treat my child, who is at least 14 years of age, and to undergo minor surgical procedures including dental procedures (such as fillings, extractions, crowns, cleaning), veni-punctures, consent to receive immunizations, and injections of medications in my absence. I understand that I will receive communication about my child's treatment plan or recommendations via a written or electronic patient plan to be sent home with him/her or emailed securely via patient portal. This authorization shall remain in effect unless rescinded in writing.
- Permission to: _____ (named person) to accompany the above named child and allow this child to be treated and undergo minor surgical procedures including dental procedures (such as fillings, extractions, crowns, cleaning), veni-punctures, consent to receive immunizations, and injections of medications in my absence, **until I revoke permission.**
- Permission to: _____ (name person) to accompany the above named child and allow this child to be treated and undergo minor surgical procedures including dental procedures (such as fillings, extractions, crowns, cleaning), veni-punctures, consent to receive immunizations, and injections of medications in my absence, **for the following day(s) only:** _____.

Print Parent or Legal Guardian name: _____

Signed: _____ Date: _____

Two witnesses (CCHCI staff) OR Notary Public

Witnessed by: _____ Date: _____

Witnessed by: _____ Date: _____

Notary

State of Arizona

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____ 20_____.

Notary Public

My commission Expires: