



Designation for Another Person to Transport Child Consent Form

I, (_____), cannot accompany my child, (_____)
(Parent/Legal Guardian) (Child's Name)

to Higgs Pediatric Dentistry. Therefore, I give permission to (_____)
(Person's Name that is bringing my child)
to bring my child for their dental treatment as follows (please check one):

_____ I give permission for Higgs Pediatric Dentistry to provide scheduled dental treatment and I give consent for such treatment without having to contact me.

OR

_____ My child is old enough to drive him or herself to the office of Higgs Pediatric Dentistry. I give permission for Higgs Pediatric Dentistry to provide scheduled dental treatment and I give consent for such treatment without having to contact me.

Expiration of Permission (please check one):

_____ This form will remain in effect until revoked by filling out a new form.

_____ This form is VALID ONLY during the following timeframe:

Effective date: _____ / Expiration date: _____

X _____ / _____ / _____ : _____ am/pm
(Signature of parent or legal guardian) (Date and time signed-required)

X _____ / _____ / _____ : _____ am/pm
(Signature of witness - 18 years of age or older) (Date and time signed-required)

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____