

Alternative Chaperone Consent Form

Date: _____

In my absence, I hereby give authorization for the person(s) listed below to bring my child(ren) to Dr. Sharif, D.D.S. & Associates and to consent for any and all recommended dental services. Legal guardian must bring child to first dental appointment.

Child(ren) names and date of birth:	Authorized person(s)/Relationship to child(ren)
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Legal Guardian signature: _____

Printed name: _____

This authorization will remain in effect until changes are made by the parent/guardian as signed above.

Minor Children (ages 15, 16, and 17 only)

My child(ren), _____ may be seen for dental attention in the office of Dr. Sharif, D.D.S. & Associates WITHOUT a parent or legal guardian present.

Parent/Legal Guardian: _____

Adults (ages 18 years or older-ONLY)

I give my consent for the listed person(s) below to have any and all access to my dental records on file with Dr. Sharif, D.D.S & Associates.

Authorized person(s)/Relationship: _____

Adult Signature: _____