CASCADE FAMILY DENTAL

MEDICAL CONSENT AUTHORIZATION

I_____ am the parent of the child(ren) listed below and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

I _____ am the legal guardian or legal custodian of the child(ren) by court order (copy attached, if available,) and there are no other court orders in effect that would prohibit me from conferring the power to consent upon another person.

I,_____, do hereby confer upon_____ the power to consent to necessary medical or mental health treatment for the following child(ren);

_____ _____
(Name, Date of Birth) *(Name, Date of Birth)*

_____ _____
(Name, Date of Birth) *(Name, Date of Birth)*

_____ _____
(Name, Date of Birth) *(Name, Date of Birth)*

On the child(ren)'s behalf I do hereby state that the power to consent which I confer shall not be affected by my subsequent disability or incapacity. The power which I confer is specifically limited to health care and mental health care decision making, and it may be exercised only by the person named. The person named above may consent to the child(ren)'s Medical, dental, surgical, developmental, examination or treatment, And may have access to any and all records, including, but not limited to , insurance records regarding any services.

I confer the power to consent freely and knowingly in order to provide for child(ren) and not as a result of pressure, threats or payments by any person or agency. This document shall remain in effect until it is revoked by notifying my child(ren)'s medical, dental, mental health care, and insurance providers, in writing, and the person named above that I wish to revoke it.

In witness whereof, I,_____ have signed my Name to this medical consent authorization, consisting of one (1) page on this _____day of _____,20____ in Utah.

_____
(Name, Address, Signature, Date, of person giving consent)

_____
(Name, Address, Signature, Date, of person receiving consent)

_____
(Name, Signature, Date, of person witness)