



CHAPERONE CONSENT FORM

Date: _____

Patient Name: _____

Patient's Birth Date: _____

In my absence I hereby give authorization for the person listed below to bring my child(ren) to Playhouse Dental, the office of Megan Chin, DDS. I give my consent to all diagnostic aids including x-rays, recommended dental services, and update the patient's health history. A legal guardian must bring the child to the first dental appointment.

Chaperone Name: _____

Chaperone Phone Number: _____

Chaperone Date of Birth (must be 21 or older) _____

Relationship to Minor: _____

Chaperone Signature: _____ Date: _____

This consent will remain in effect for 90 days or until changes are made by the parent/guardian as signed below.

Parent/Guardian Acknowledgement/Acceptance: I agree to pay at the time services are rendered. The Patient's Health History form must be completed and attached with the chaperone consent. Please note picture ID will be needed on the day of service. This consent is only honored for 90 days or until changes are made by the parent/legal guardian as signed below.

Printed name Parent/legal guardian

Phone Number

Signature of Parent/legal guardian

Date