



**HARBOR  
COUNTRY  
DENTAL**

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Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

**This section needs to be completed for children under the age of 18 by a parent or legal guardian. By signing this, you affirm that you are the parent or legal guardian for the above named minor child.**

At Harbor Country Dental, we want to make sure that child and caregiver feel comfortable with the child's dental treatment. For your child's comfort, parents are allowed in the operatories during all dental treatment. If you would prefer to wait in the reception area, that is allowed as well. To keep your child's future dental appointments as seamless as possible, please let us know if there will be any other approved adults bringing your child to their dental appointment, and if you would like your teen to be able to arrive to the clinic for treatment by themselves.

**If I am unable to accompany my child, I give permission for the adults named below to escort my child for dental treatments. I agree to provide payment information so the above mentioned office may obtain payment on the day of service, unless prior arrangements have been discussed. In addition, the following person (people) has (have) my permission to approve or deny any changes to the treatment plan on the date of service.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**If child is over 13, please check one:**

- Since my child is over the age of 13, I also give permission for him/her to present for cleanings, exams, x-rays, fluoride and treatment unaccompanied by an adult. I understand that no invasive treatment, such as extractions or root canal therapies, will be performed unless I am notified by telephone.
- Although my child is over 13, I wish for myself or one of the above mentioned adults to be present for all dental appointments.

\_\_\_\_\_  
Print Name of Person Completing Form

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date