



B225-3122 Mount Lehman Rd  
Abbotsford, B.C. V2T-0C5 (604)381-3399

**ACKNOWLEDGEMENT AND CONSENT BY PARENT/GUARDIAN TO TRANSFER**

**AUTHORITY FOR TREATMENT**

I, \_\_\_\_\_ certify that I am the parent and/or legal guardian of the following child: \_\_\_\_\_ (the patient). I hereby give permission to, request and authorize the following person(s): \_\_\_\_\_

To transport the patient to/from Aura Dental Specialties where the said appointment is scheduled at for examination and treatment; to accompany the patient while at Aura Dental Specialties; and to make any and all additional decisions as needed regarding consent for the patient's treatment. I designate and formally recognize the named person(s), stand(s) in for me as the parent/guardian of the patient at my request, are/is involved in the patient's care and treatment, and can receive the patient's health information and records, including privileged or confidential information. I have already been advised of the necessary examination and treatment for the patient. I have received sufficient consent information explaining the diagnosis, purpose of the procedures, material risks, benefits, alternatives, likelihood of success, and prognosis if rejected. ***I hereby request, consent to and authorize Aura Dental Specialties to provide such examination and treatment to the patient, including treatment of conditions which arise during such examination and treatment.*** However, to the extent additional consent is later requested, I authorize Aura Dental Specialties to rely upon the above-listed person(s), and that I will be liable for costs of the patient's care consented to by the person(s) but not covered by my insurance. I have been advised by Aura Dental Specialties that it is in the patient's best interest for the patient's parent to be present; however, I have opted to delegate my decision-making authority to the person(s) listed above; who will accompany the patient and act on the patient's behalf at my request. This form is valid for (1) year from the date signed, and a copy is as valid as the original.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_