Temporary Delegation of Guardian/Parental Rights
And Limited Power of Attorney for Consent to Provide Treatment

Patient Information: (Print Legibly – Black Ink)

_____ _____ Date of Birth: ___/____/____ Male or Female
First Name Last Name

_____ _____ _____
Street Address City State and Zip Code

(_____)_____ (_____)_____
Home Phone Number Emergency Phone Number

Known Allergies/Drug Sensitivities: _____

Known Medical Conditions: _____

Any Limitations to Delegation: _____

I/We are the parent(s) or legal guardian(s) of the above name patient. I/We appoint (in order of appearance):

Name: _____ Phone: _____

Address: _____ DL or State ID#: _____

Name: _____ Phone: _____

Address: _____ DL or State ID#: _____

To act on my/our behalf to consent to dental treatment for the above-named patient during period(s) of my/our absence from ___/___/_____ through ___/___/_____ I understand this delegation includes receiving health information about the patient necessary to make health care decisions.

IN NO EVENT IS THIS DELEGATION OF TEMPORARY RIGHTS EFFECTIVE FOR MORE THAN SIX (6) MONTHS FROM THE SIGNATURE DATE BELOW. THIS FORM DOES NOT DELEGATE POWER TO CONSENT TO MARRIAGE OR ADOPTION.

This Delegation of Powers is given under MCLA Section 700.5103. I/We have signed and delivered this document on the date(s) listed below. At least one parent or legal guardian must sign this form below. The signature(s) should be witnessed by a person who is not an employee or contractor of Grand Haven Smiles and is not related by blood or marriage to the family OR **by a Notary Public.**

Option 1

Parent/Guardian: _____ Signature _____ Witness Signature _____
Printed Name

Parent/Guardian: _____ Signature _____ Witness Signature_____
Printed Name

Option 2
On this day before me, the undersigned Notary Public the parent (s)/ guardians (s) herein named personally appeared and freely executed this document. He/she/they ( ) is /are personally known to me or ( ) has /have provided satisfactory evidence of their identity.

Notary Public: _____ Date _____
Signature