UNIVERSITY OF NEW ENGLAND
INNOVATION FOR A HEALTHIER PLANET

Bring completed form to next appointment or send to oralhealthcenter@une.edu before next appointment.

College of Dental Medicine

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Minor Patient Care Authorization & Delegation Form

Child's Name: _____ DOB:_____

Parent/Legal Guardian Information:
I am the: ☐ Parent ☐ Legal Guardian (court-appointed)
Name: _____ Relationship: _____
Address: _____
Phone: _____

Designation of Temporary Care Decision-Maker:
I authorize the following individual ("Authorized Caregiver") to **consent to and make decisions regarding dental and oral health care** for the above-named minor:
Caregiver Name: _____Relationship to Child: _____
Address: _____
Phone: _____

Alternate Caregiver (Optional)
Name: _____
Phone: _____

Scope of Authority
Unless limited below, the Authorized Caregiver may:

- Give consent for Acknowledgement of Notice of Privacy Practices ("HIPAA Consent"), Patient Agreement, and Patient Rights and Responsibilities administrative documents ☐ Not Permitted
- Consent to routine and urgent dental treatment, including exams, x-rays, photographs, digital scans, cleanings, deep cleanings, fluoride, sealants, non-amalgam fillings/restorations, crowns/caps using local anesthesia ☐ Not Permitted
- Consent to nitrous oxide sedation ☐ Not Permitted
- Consent to silver diamine fluoride, amalgam fillings, extractions/oral surgical procedures, root canal procedures, biopsies ☐ Not Permitted
- Receive and authorize disclosure of the child's health information relevant to care ☐ Not Permitted

The Authorized Caregiver shall act in the child's best interests and within the scope of authority granted by the parent or legal guardian.

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Duration of Authorization
This authorization is valid:
☐ From _____ to _____
☐ Until revoked in writing
☐ For this visit on the following date only: _____

Priority of Authority / Legal Status
- This authorization reflects the parent/guardian's consent delegation and may be relied upon by the clinic.
- A court-appointed guardian under Title 18-C or a valid custody order controls over this designation.
- In the absence of a parent/guardian, the clinic may rely on statutory decision-makers consistent with Maine law and clinical judgment.

Emergency Care
The clinic may provide emergency dental treatment without prior consent when necessary to prevent serious harm and obtaining consent is impracticable, consistent with 24 M.R.S. § 2905 and applicable standards.

Reliance by Dental Providers
Dental providers and staff may rely in good faith on this authorization unless they have actual knowledge of revocation, custody restrictions, or conflicting legal authority.

Acknowledgment of Responsibility
I affirm that:
- I have legal authority to make health care decisions for this child
- No court order restricts my ability to delegate this authority
- I will inform the clinic of any changes in custody or decision-making authority

Signature of Parent / Guardian

Signature: _____ Date: _____