



**2752 Pleasant Road Suite 106
Fort Mill, SC 29708
803.548.4353**

AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR

I, _____, am the custodial parent having legal custody of _____ (patient's full name), a minor child, born _____ (birth date). I authorize Michele M. Jasper & Associates adba Jasper Dentistry, of York County, State of SC, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to , the power (I) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, or other person whose services may be needed for such health care, and (II) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel, except the withholding or withdrawal of life-sustaining procedures.

I authorize _____ to bring my child to these dental appointments with the understanding that they must remain on the premises during the entire appointment. They must also be able to present payment for services rendered at that appointment.

This consent shall be effective from the date it is executed until the date I terminate it in writing. By signing here, I indicate that (I) I have the understanding and capacity to recognize the importance of, to communicate, and to assign the health care decisions covered by this document, (II) I am fully informed as to the contents of the document, and (III) I understand the full scope and importance of this grant of powers to the agent named herein.

Custodial Parent's Printed Name: _____

Signature: _____ Date: _____