



Required documentation needed for:

Patient: _____

Date of Birth: _____

- Please provide current court ordered guardianship papers stating the person who has been appointed guardian.
- Complete Patient Information section.
- Please sign Parent/Guardian section.
- Please provide name and address of **person(s) being appointed** to consent and sign for _____ in the absence of the guardian. If the Guardian is not available for each appointment, we must have a current Temporary Delegation of Guardian/Parental Rights and Limited Power of Attorney for Consent to Provide Treatment on file.

Required Signatures:

- Option 1: Please have witness sign paperwork that your signature is authentic.

OR

- Option 2: Have paperwork notarized by a Notary

Required paperwork must be brought with the patient at the first appointment at the University of Michigan Dental School.



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Patients who require a Guardian's consent for treatment must have the following documents completed prior to each appointment.

- Current court-ordered guardianship documentation
- Registration Form (with guardian & insurance information completed)
- Medical / Dental Health History

If the Guardian is not available for each appointment, we must have a current Temporary Delegation of Guardian/Parental Rights and Limited Power of Attorney for Consent to Provide Treatment on file.

A legal guardian is a person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward. Guardians are typically used in three situations: guardianship for an incapacitated senior (due to old age or infirmity), guardianship for a minor, and guardianship for developmentally disabled adults.

Guide to and Instructions for form:
Temporary Delegation of Parental Rights and Limited Power of Attorney
for Consent to Dental Treatment of Your Child

Are you planning a trip? Away for the day? Are your children in school?

If your child needs non-emergency medical, dental, or surgical services, whether in a doctor's office or in the hospital, you as a parent must give permission.

What about times when you cannot be reached for permission ?

In an emergency, your child may be treated without your consent if a physician determines that your child needs immediate medical care and further delay would increase the risk to your child's life or health. In situations that are not emergencies, your child may need unexpected care. In these cases, contacting parents for permission can delay treatment and create unnecessary anxiety or discomfort for your child.

How can you prepare for the unexpected care your children might need when you are away?

- > Make sure the person who is caring for your children knows how to reach you at all times.
- > When you can't come with your children to medical appointments, or know you will be hard to reach, you may legally delegate your authority to give permission to other adults to authorize medical care for your children.

The form. Temporary Delegation of Parental Rights and Limited Power of Attorney for Consent to Treatment of Your Child, is a legal document. Under Michigan law, MCLA § 700.5103(2005):

- > A parent or guardian of a minor or a guardian of a legally incapacitated adult may delegate to another person, for **up to 6 months**, any of the parent's or guardian's powers regarding care, custody, or property of the minor child or ward, except the power to consent to marriage or adoption of a minor ward or to release of a minor ward for adoption.
- > If a parent or guardian is serving in the armed forces of the United States and is deployed to a foreign nation, a delegation under this law may be effective longer than 6 months, until the thirty-first day after the end of the deployment, if the delegation letter specifically permits the longer period.
- > The following applies only if a parent is not signing the form: if a legal guardian for a minor or legally incapacitated adult delegates any power under this law, the guardian must notify the court that approved the guardianship within 7 days and provide the court the name, address, and telephone number of the new "attorney-in-fact."

The form's purpose is to allow your child to receive necessary health care services when you, the parent or guardian, are unavailable to give written informed consent.

- > Fill out this form carefully. With it, you may appoint relatives, friends, teachers, neighbors or anyone you know and trust who is legally competent and over 18 years of age to authorize treatment in your absence.
- > After you complete the form, give it to the adults you have designated and explain its use. Make sure they know that they must take the form with them to the physician's or dentist's office, or to the hospital or other health care facility.
- > The form will be entered into your child's medical chart so that it is available to other UMHHC providers and administrators with a need to know.

In order to be effective, the form must be signed by at least one parent and either a witness (not related to patient's family and not affiliated with UMHS) or a notary public. The following additional guidelines are suggested to help ensure the form is used appropriately.

- > Print neatly to ensure that all information is legible. Use a blue or black ball point pen to ensure that information will not run, smear or smudge.
- > Print the full name of the minor as written in the minor's birth certificate, insurance card and medical record.
- > List all known allergies (e.g., medicines, insects, foods, etc.) and medical conditions (e.g., asthma, diabetes, etc.)
- > Either initial or line-out"... medical, dental, surgical care, and/or hospitalization..." as you deem appropriate.
- > Print all limitations to the general delegation of parental powers to consent to medical, dental, surgical care, and/ or hospitalization. Ensure that the limitations are clear and specific (e.g., necessary surgery ok but no cosmetic procedures).
Note: It is essential that you trust the person you are appointing to make the decisions you would make under similar circumstances.
- > Complete all blanks (e.g., if there are no known allergies, write "none"). Draw a line through any extra space at the end of each entry to ensure that nothing may be added at a later date.
- > Have at least one (preferably both) parents sign the form and have a separate person - not the parent(s), not a relative, and not affiliated with UMHS - witness the signature.

**Temporary Delegation of Guardian/Parental Rights
And Limited Power of Attorney for Consent to Provide Treatment
(See Directions for Completing This Form Appropriately)**

Patient Information: (Print legibly – black ink)

	MI	
First Name		Last Name
Date of Birth: _____ Gender (circle one): M F		
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 named patient. At least one parent or legal guardian must sign this form.

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

I/We appoint (in order of appearance) as Temporary Guardian:

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 ____/____/____ (or until the 31st day following my return from deployment overseas, if I am an active duty member of the military). 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 (OR LONGER, FOR UP TO 30 DAYS FOLLOWING RETURN FROM OVERSEAS DEPLOYMENT OF ACTIVE MILITARY PERSONNEL). 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.

The signature(s) above should be witnessed by **Option 1** a person who is not an employee or contractor of the University of Michigan School of Dentistry and is not related by blood or marriage to the family **OR Option 2.**

Option 1:

Witness Printed Name
Witness Signature
Contact Phone(s)
Date

Option 2: Notary Public

On this day, before me, the undersigned Notary Public, the parent(s) / guardian(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	Signature
Date	Date