



CONSENT FOR TREATMENT OF MINORS

Non-emergency procedures cannot be performed on a child without the parent or legal guardian present unless this consent is completed. Only the procedures listed on this consent can be performed. If there is new treatment, or changes in treatment, a new consent must be completed unless the parent or legal guardian is present.

I _____, parent or legal guardian of
_____, date of birth _____,

do hereby consent to the dental care listed below for my child while under the care of

_____.

Dental Treatment:

This authorization is effective from _____ to _____

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Signature of parent or legal guardian

Date

Parent/ Guardian Contact Information:

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Name, Relationship

Cell Phone #

Work #

Have there been any changes to the patient's medical/ health history?

- ☐ No
☐ Yes (if yes, please complete the Patient Information Update Form)

Is the patient's address different from the address listed on the new patient paperwork on file?

- ☐ No
☐ Yes (if yes, please complete the Patient Information Update Form)