



CONSENT TO TREAT MINOR WITHOUT PARENT/LEGAL GUARDIAN PRESENT

To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. In the event that a minor child presents for a non-urgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

Patient Name: _____

Date of Birth: _____

I, _____ authorize The Kids Dentist to provide treatment to _____
Parent/Guardian

To consent to (please check the applicable boxes):

____ Routine dental care, which may include, but is not limited to: dental examinations, prophylaxis (cleaning), sealants, fluoride treatment, radiographs (x-rays) and any and all other treatment previously discussed and agreed upon by the parent(s)/legal guardian(s).

____ Routine operative dental treatment including fillings, sealants, etc.

____ Emergency or urgent care when I cannot be reached.

Parent Cell Phone: _____ Parent Work Phone: _____

Emergency Contact (other than parent): _____
Name Relationship Phone Number

Signature of Parent/Guardian

Relationship to Patient

Date