CONSENT TO TREAT MINOR CHILD

In Absence of Parent or Guardian

Patient's Full Name: _____ Date of Birth: _____

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.

To Consent To:

☐ Emergency or urgent care when I cannot be reached.

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

I can be reached at the following number if there are any questions: _____

I/We _____ (printed parent/guardian name) authorize Nelson & Bury Dentistry to provide treatment.

I hereby authorize _____ to bring my child to his/her appointments if I am unable to attend. I understand that medical/dental advice will be relayed to them on my behalf. I understand and agree that the signatures and dates on this form will not expire without written notice or when a minor becomes the age of 18 and that a photocopy of this form is considered valid as the original.

_____ _____ _____

Signature of Parent/Guardian Relationship to Patient Date