

Minor/child consent

I, being the parent/guardian of _____, so hereby request and authorize the dental staff to perform necessary dental services for my child, including x-rays, nitrous oxide, and administer anesthesia, and any services deemed advisable by the doctor, even if I am not present in the operatory during the dental treatment. _____ Initial

Permission to Treat

Because your child is a minor it is necessary to have signed permission from a parent/guardian. The signature affixed below authorizes examination and treatment as necessary and the use of procedures the doctor may deem necessary during the performance of his services.

Furthermore the undersigned accepts responsibility of any financial obligations included for treatment of this patient. Photos and other dental records of my child may be used for teaching or instructional purposes. _____ Initial

Dental Treatment

I understand that during the treatment it may be necessary to change or add procedure because of condition found while working on the teeth that were not discovered during examination. I give my permission to the dentist to make any/all changes and additions as necessary. I consent to the use of photography for the purposes of future education and display of specific dental procedures performed by Kids Dental Center. _____ Initial

Authorized Person:

I the Parent/ Guardian of _____ authorized the person mention below to bring my child to the dentist, by signing below I confirm the authorized person is age 18 or older.

Authorized Person: _____ Relationship to child _____

Parent Signature _____

Date _____