

Authorization to Treat a Minor

This consent shall remain effective until _____, 20____.

I (we) the parent, parents or legal guardian of _____ a minor do hereby authorize and consent to any routine non-surgical dental care including x-rays, dental cleaning, fluoride treatment, dental examination and dental sealants.

I (we) the parent, parents or legal guardian of _____ a minor do hereby authorize and consent that the minor is able to provide their own transportation to and from their dental appointments.

List any restrictions: _____

Signature of Parent or Legal Guardian: _____ Date _____

Numbers Where Parent or Legal Guardian May Be Reached:

Mother/Guardian: Home _____ Work _____ Cell _____

Father/Guardian: Home _____ Work _____ Cell _____