



Consent for treatment of minor child

I am unable to accompany my child

(Name) _____ (Date of Birth) _____

To the Smile Center for dental treatment on (date) _____.

I authorize necessary treatment including: (draw a line through those that do not apply)

- Tooth Cleaning
- Sealants
- Fillings
- Fluoride
- Extraction of “baby” teeth
- Extraction of permanent teeth
- Root Canal Treatment
- Other (_____)

I accept responsibility for the charges incurred for the above treatment.

My legal relationship to this child is: **Parent** **Legal Guardian** (circle one)

Signed: _____ Date: _____

Please print this form and send one with each child if you are unable to accompany them to their appointment.