



## Parent/Guardian Consent for Treatment

Please complete, print, and send this form with your child on the day of their appointment if your child will be brought here with someone OTHER than a parent/legal guardian.  
Use a separate form for each child.

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Caregiver's Name \_\_\_\_\_

I authorize the above named caregiver to consent for all dental treatment. I consent to all dental treatment and agree to pay for all of the services provided to my child.

I understand this consent will remain in force until I revoke it in writing.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature)