



Consent to Treat Patient – Without Parent /Legal Guardian

Present By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written permission from the parent or legal guardian that this person has been appointed by you to act on your behalf. Minor's

Name: _____ DOB: _____

Allergies: _____

Current Medications: _____

Chronic Conditions: _____

For those occasions when you may not be with your child, please list those individuals who may give us consent to see your child:

Name: _____ Relationship to Patient _____

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LIMITATIONS: Identify any specific limitations on the kinds of dental services for which this authorization is given. (If none, state "none")

<input type="checkbox"/> Check here if you wish to give consent for the minor to receive dental care without an accompanying adult, which shall be in effect for: <input type="checkbox"/> Date Only _____ <input type="checkbox"/> Indefinitely, until revoked by written communication
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AUTHORIZATION: I (parent/legal guardian name) _____ request and authorize Carabelli Dental and its personnel to deliver routine dental care and/ or treatment to my child listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child, I am also aware that the adult presenting the child is responsible for payment of the patient portion at the time of service or previous arrangements made for payment if the child will receive care without an adult present. I have the legal right to preauthorize Carabelli Dental and its personnel to deliver dental treatment and services to my child. **I have read, understand, and give my consent as stipulated above. My signature means that I have read this form and/or have had it read to me and explained in the language that I can understand.**

Parent or Legal Guardian (please print)

Relationship

Parent or Legal Guardian Signature

Date