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Authorization for Evaluation And/or Treatment of A Minor Child Unaccompanied By Parent or Legal Guardian

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all dental treatment provided by Tangletown Dental. Please complete this form if your child will be coming for a routine visit, treatment, or a procedure without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed.

Minor Patient:	Name: Patient address: City: State: Zip:
Time Period:	Written consent is valid for the time period of:_____to_____. (Not to exceed one year) at which time a new consent form would be required. This consent may be revoked by me at any time in writing.
Authorization for other individual to accompany minor patient under 18 years of age.	I authorize: _____ _____. Name of person(s) being authorized — Relationship to Patient To authorize the listed person above to give consent to dental treatment by Tangletown Dental which may include, but not limited to: dental examinations, prophylaxis (dental cleaning), fluoride treatments, radiographs (x-rays) and any and all other treatment previously discussed and agreed upon by the parents/legal guardian on behalf of my child listed above. The above-named individual(s) may also receive diagnosis and additional information pertinent to the care and treatment of this minor child. I understand that I am still financially responsible for all expenses incurred by my child during these appointments. _____ Parent/Legal Guardian — Date Signed _____ Phone number (in case of emergency)
Authorization for minor patient to be unaccompanied for treatment by Tangletown Dental.	I authorize and give consent for my child, listed above, to go independently to appointments and consent to all dental treatment which may include, but not limited to: dental examinations, prophylaxis (dental cleaning), fluoride treatments, radiographs (x-rays) and any and all other treatment previously discussed and agreed upon by the parents/legal guardian without the presence of a parent or legal guardian. I understand that I am still financially responsible for all dental expenses incurred by my child during these appointments. _____ Parent/Legal Guardian — Date Signed _____ Phone number (in case of emergency)