TIFFIN FAMILY DENTISTRY
Good Is Not Enough ~ Excellence is a Must

Consent to Treat Minor-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 without the parent or legal guardian or with someone other than a parent or legal guardian, there must be 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:_____

Parent(s) or Legal Guardian(s):_____

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

_____

Name Relationship to Patient Telephone

_____

Name Relationship to Patient Telephone

☐ The person listed on this form is 16 to 17 years of age and has my consent to have dental treatment in my absence, I am aware I must contact the office and inform them in advance._____
Initial here

_____

_____

☐ **This consent will be effect for one year or** ☐ **No Expiration Date,** unless revoked by written communication

Medical Conditions_____

Allergies:_____

Financial:
I understand that I am responsible for all financial obligations incured and that I am expected to make arrangment for payment prior to any scheduled services.

AUTHORIZATION:

I, (parent/legal guardian name)_____request and authorize Tiffin Family Dentistry and its personnel to deliver dental care to my child or patient listed above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child.

I have the legal right to preauthorize Tiffin Family Dentistry and its personnel to provide dental treatment to my child or the patient listed on this form . This may include but may not be limited to prophylaxis, x-rays, fluoride treatment, exams, sealants, restorative dental treatments, local anesthetics.

I have read, understand and give my consent as stipulated above. I have read this form and/or have had it read to me and explained in a language that I can understand.

_____ _____

Signature of parent/legal guardian Date

Phone where I can be reached in case of emergency_____

Emergency contact in case I can not be reached_____Phone_____