

### **Consent for Treatment of Unaccompanied Minors**

I, \_\_\_\_\_, (Parent / Legal Guardian) hereby confirm that I have provided Mint Dental – Family Dentistry of Emerson all the necessary medical history information for \_\_\_\_\_ (Name of Minor Child) I have signed the required paperwork and it is on file at Mint Dental – Family Dentistry of Emerson. In the event that I cannot accompany \_\_\_\_\_ (Name of Minor Child) to his/her visit I hereby give permission for the staff at Mint Dental – Family Dentistry of Emerson to treat him/her. I understand that I must be available (via telephone is acceptable) during the time of treatment, should any issues/questions arise regarding X-rays, local anesthetic, etc. I understand that this consent is null and void for any consult and/or surgical treatment and I must be present for those procedures.

Upon checking out \_\_\_\_\_, (Name of Minor Child) I understand that any required treatment will be recorded in his/her record, and a copy will be mailed to me at the address I have provided Mint Dental – Family Dentistry of Emerson.

GIVEN CONSENT BY: \_\_\_\_\_ (Parent/Legal Guardian)

DATE: \_\_\_\_\_