



## Consent to Treat Patient without Parent/Legal Guardian Present

I \_\_\_\_\_ (print parent/legal guardian name),  
having the legal right to do so, request and authorize *Taconic Dental* and its personnel  
to deliver dental care to my child listed below on \_\_\_\_\_ (appointment date), as  
may be deemed necessary or advisable in the diagnosis and treatment of the minor  
child.

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

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

### TREATMENT TO BE PERFORMED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Local Anesthesia ("Novocaine") may be used  
 Nitrous Oxide ("Laughing Gas") may be used

### FINANCIAL

I understand that payment is due at the time services are rendered. Financial  
arrangements must be made prior to my child's scheduled appointment.

### PARENTAL CONTACT INFORMATION FOR ANY QUESTIONS

My child will be accompanied by:

himself/ herself

other (name, relationship) \_\_\_\_\_

By signing below I also acknowledge my permission for Taconic Dental to share any  
relevant health information with the person who is accompanying my child.

Best Contact Number During Child's Appointment: \_\_\_\_\_

Parent/Legal Guardian Name (print): \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_