

## Parent/Guardian Consent for Treatment

Please complete, print, and send this form with your child on the day of their appointment.  
Use a separate form for each child.

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

Parent/Guardian's Name \_\_\_\_\_

Caregiver's Name \_\_\_\_\_

*I authorize the above named caregiver to consent for all dental treatment at my child's dental appointment on \_\_\_/\_\_\_/\_\_\_\_. I consent to all dental treatment and agree to pay for all of the services provided to my child.*

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/ Guardian signature)