

Parent/Guardian Consent for Preventive Dental Care (Dental Check-Ups)

Child's Name	DOB
Parent/Guardian's Name	
Caregiver's Name	_ Relationship to Patient
If dental procedures are diagnosed at regular check-ups or if emergency treatment is needed, an additional consent to treatment must be signed or agreed to by legal guardian with Metropolitan Pediatric Dental staff before any treatment is rendered.	
Parent/Guardian Signature_	_ Date