



## Minor Consent

### Minor/Child Consent

I, being the parent or guardian of \_\_\_\_\_, do hereby request and authorize the dental staff to perform necessary dental services for my child, including x-rays, nitrous oxide (laughing gas), administration of anesthesia, and any services deemed advisable by the doctor, even if I am not present in the operatory during the dental treatment.

\_\_\_\_\_ Initial

### Permission to Treat

Because your child is a minor it is necessary to have signed permission from a parent or guardian. The signature affixed below authorizes examination and treatment as necessary and the use of procedures the doctor may deem necessary during the performance of his services. Furthermore the undersigned accepts responsibility of any financial obligations incurred for treatment of this patient. Photos and other dental records of my child may be used for teaching or instructional purposes.

\_\_\_\_\_ Initial

### Dental Treatment

I understand that during the treatment, it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during initial examination. I give my permission to the dentist to make any/all changes and additions as necessary. I consent to the use of photography for the purposes of future education and display of specific dental procedures performed by Highland Creek Family Dental.

\_\_\_\_\_ Initial

In my absence I consent for the following individuals to sign for treatment for \_\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_