

Carlsbad Children's Dentistry

TEL: 760-633-1131; FAX: 760-633-1551

Treatment of Minor Consent

No Parent/Legal Guardian Present

At **Carlsbad Children's Dentistry**, we understand that from time to time you may not be able to bring your child to their dental appointment. We will treat your child without you present for any and all dental procedures provided that:

- 1. The minor child (under age 14) is accompanied by an adult (18 or older).**
- 2. The parent/legal guardian is available by telephone.**
- 3. The parent/legal guardian has signed all required documentation.**
- 4. The parent/legal guardian has informed our office that they will not be present during the appointment before the child comes into their appointment.**
- 5. Minor children who are able to drive themselves must bring written documentation from their parent/legal guardian giving permission to Carlsbad Children's Dentistry to perform any and all dental procedures.**

Permission to Treat (please print clearly)

I, _____, give permission to Carlsbad Children's Dentistry and staff to perform all dental treatment for my child, _____, may need including, but not limited to fluoride treatments, diagnostic radiographs, examinations, restorations, nitrous oxide, non-IV conscious sedation, sealants and extractions. If additional treatment is needed, **Carlsbad Children's Dentistry** has my permission to perform that treatment regardless of my presence in the office.

In the event of an emergency, **Carlsbad Children's Dentistry** and staff have my permission to take any and all necessary steps to ensure the safety and well-being of my child.

I understand and agree to Carlsbad Children's Dentistry's Treatment of a Minor Consent and its terms.

Name of Adult present with your child today _____

Name of Parent/Legal Guardian (please print) _____

Signature of Parent/Legal Guardian _____

Relationship to Parent _____ Patient's Date of Birth _____

Best Contact Telephone Number(s) while your child is in our office _____