



Dental Treatment Consent

Name of Child: _____ DOB: / /

Name of Parent/Legal Guardian: _____ Relationship: _____

Home Address: _____

Work Address: _____

Mobile Phone: _____ Home Phone: _____ Work/Other: _____


Emergency Contact: _____ Phone: _____

Name of Caregiver: _____ Phone: _____

Caregiver's Relationship to Child: _____

Statement of Consent: (To be signed in the presence of a legalized notary public)

I, _____ give consent to
to bring my child into Cute Smiles 4 Kids for dental treatment. I further give my child's caregiver the authority to act and make decisions in regards to dental treatment and/or any medical emergencies on my behalf. I give consent for the caregiver to sign all paperwork on my behalf. My child's caregiver may also consent to dental treatment and dental treatment changes on my behalf, including but not limited to exams, x-rays, cleanings, fluoride treatment, fillings, root canals, crowns, extractions, and anesthesia.

 Signature: _____ Date: / /

Notarization

On this _____ day of _____
(Date) (Month) (Year) (Name of Parent/Legal Guardian)

Personally appeared before me in _____ County (in the state of _____)
and in my presence signed this Dental Treatment Consent Form.

Name of Official: _____

Notary's Signature: _____

Commission Expires: _____

