

## Consent to treat minor children

It may be more convenient to have prior authorization in place so dental care may be delivered directly to minors if parent or legal guardian cannot be present prior to or during treatment.

Please review the following authorization for treatment and complete the information if you want to authorize such treatment for you minor child. Please note that patients 18 years of age and older do not require formal authorization.

### AUTHORIZATION

I have the legal right to preauthorize Forum Dental/Little Kids Building Big Smiles to deliver dental treatment to my child. I request and authorize Forum Dental/Little Kids Building Big Smiles and its personnel to deliver dental care to my child, named below.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

This consent becomes null and void after the last day of each year, and must be renewed annually.

### CONTACT INFORMATION

If emergent medical/dental care is needed, first try to contact me regarding the situation of my child at the following telephone number. If you are unable for any reason to contact me, then you may rely on the designated decision maker's (dentist or hygienist) medical judgment.

Parent's Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of a custodial parent or legal guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Witness/Verification

Date \_\_\_\_\_

Upon receipt, this form will be scanned into the patient's electronic dental record. The scanned form then becomes the legal document from that point forward, and this original will be securely destroyed by shredding.

On-site attestation is required.