

Consent for Dental Treatment and/or Care of a Minor Child

We realize that parents or legal guardians may not always be able to personally accompany their child to our office. However, Kentucky law dictates that a patient under the age of 18 CANNOT be treated without a parent or guardian's consent. To ensure that your child may receive prompt dental care, please complete the following form/information.

I _____ of _____
Parent/Legal Guardian Child

A minor born on _____ who resides with me at _____
Address

Do hereby give consent for the following person or persons to request and authorize dental treatment for my child.

Authorized Party	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

The above person(s) have my permission to received dental information and to make dental decisions on behalf of my child.

Signature _____

Date _____