

Consent for Dental Care of Minor

Authorization

I am the custodial parent of having legal custody of the minor child listed below.

I authorize the adult named below, who I have trusted for the care of the minor child, to do any act that may be necessary or proper to provide for the dental health care of the minor child.

Custodial Parent: _____ Date: _____

Adult given

Authorization: _____ Date: _____

Child: _____ DOB: _____

Age: _____

Patient account number: _____