

Consent and Authorization for Minors

By law, a healthcare provider must attempt to contact a birth /custodial parent or legal guardian prior to rendering treatment to a minor child ( a person under the age of 18) , except in those instances where the law recognizes the minor as having the capacity to consent to a specific medical procedure / treatment. It is the policy of Sea Of Smiles to have a signed consent form by the birth parent / custodial parent or legal guardian of a minor in order for the minor to be seen by any of our dentists for dental treatment. If a minor is brought in to Sea Of Smiles by someone other than the birth parent / custodial parent or legal guardian, the minor child must be accompanied by a note (“Authorization”).

Authorization must include the date when it was written , name of the patient, name of the person bringing the child, what the child is been seen for, the birth/custodial parent or legal guardian’s signature , copy of the birth/ custodial parent/legal guardian’s photo I.D., and telephone number where the birth / custodial parent or legal guardian can be reached.

I, \_\_\_\_\_,  
PLEASE PRINT NAME

(circle your relationship to the patient) birth parent/ custodial parent/ legal guardian/grandparent give consent for the individual(s) identified to bring the minor child to Sea Of Smiles for hereby authorize the Sea Of Smiles dentists and other personnel, to render medical care to my minor child in accordance with the Authorization without obtaining additional consent from me.

\_\_\_\_\_  
PRINT FULL NAME OF MINOR CHILD (PATIENT)

\_\_\_\_\_  
Print Name of person bringing minor for appointment Relationship to minor

\_\_\_\_\_  
Purpose of visit( appointment for )

\_\_\_\_\_  
Phone number where birth /custodial parent or legal guardian can be reached.

This is consent for (choose one )

Single time only. Date : \_\_\_\_\_

Specific period of time . From: \_\_\_\_\_ To: \_\_\_\_\_

Indefinite period of time. From: \_\_\_\_\_ until revoked by me in writing.

\_\_\_\_\_  
Signature of Birth / Custodial Parent or Legal Guardian Date

\_\_\_\_\_  
Print Witness Name Signature of Witness Date