



Date: \_\_\_\_\_

**TREATMENT OF MINOR CHILDREN**  
**NO PARENT/ LEGAL GAURDIAN PRESENT**

At Hitzel Dental, we understand that from time to time you may not be able to bring your child to their dental appointment. We will treat your child without you present for any and all dental procedures provided that:

1. The child is 16 years old or older
2. The parent/legal guardian is available by telephone
3. The parent/legal guardian has signed all required documentation
4. The parent/legal guardian has informed our office that they will not be present during the appointment before the child comes into their appointment.

Minor children who are able to drive themselves to their appointments must bring written documentation from their parent/ legal guardian giving permission to Hitzel Dental to perform any and all dental procedures.

Should an emergency take place the doctor will proceed in calling the local emergency services if needed. In the event that an emergency or unexpected incident occurs, it is imperative that the parent/legal guardian be reached.

Please see the form below giving us the permission to treat your child/children without a parents/legal guardian present.

**PERMISSION TO TREAT**

I, \_\_\_\_\_ give permission to Hitzel Dental and staff to perform all dental treatment on my child \_\_\_\_\_ including, but not limited to fluoride treatments, diagnostic radiographs, examination, composite fillings, sealants, and extractions. If additional treatment is needed, Hitzel Dental has my permission to perform the treatment regardless of my presence in the office.

In the event of an emergency, Hitzel Dental and staff have my permission to take any and all necessary steps to ensure the safety and well-being of my child.

I understand and agree to Hitzel Dental Treatment of Minor Consent and its terms.

Name of Parent/Legal Guardian (please print): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_