



Unaccompanied Minor Form

I am the parent/legal guardian of _____ who is under 18 years of age. Due to (Reason) _____, I may not be able to accompany my child when he/she requires dental services. I authorize the health care providers of Pediatric Dental Specialists, P.C., to provide my child with dental services as indicated when accompanied by any of the following individuals:

Name

Relationship to child

Name

Relationship to child

I further understand that this consent form will be valid and remain in effect until I revoke it in writing.

If my child is 16 years old or older, I allow them to come unaccompanied by an adult for dental treatment.

In case of an emergency during my absence, please contact: **(PLEASE PRINT)**

Name: _____

Address: _____

Telephone: _____

I have read and understand the contents of this consent form, which I voluntarily sign:

_____ Date _____

Signature of Parent/Legal Guardian of Minor Patient

(PLEASE PRINT)

Name of Parent/Legal Guardian: _____

Address: _____

Telephone Number: _____ (cell) _____ (Work)