DENTAL CONSENT FOR A MINOR OR DEPENDENT

I, _____, the parent or legal guardian of _____,
Do hereby consent and allow Wooster Family Dental to handle any type of dental care for my child including but not limited to the administration of local anesthesia determined by the Doctor, X-rays, fluoride and any other care recommended or deemed as necessary for the welfare of my child.

**If someone other than the parent or guardian is bringing the patient to appointment:

I give consent to _____/_____ who is bringing the patient to the
(Name) (Relationship to minor)
appointment, to sign any additional consent forms regarding treatment on _____
(Appointment Date). **

_____ _____

Signature of Parent or Legal Guardian **Date**

_____

Printed Name

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