



210-532-3040 South Location  
210-495-6800 North Location

**Authorization for Evaluation and/or Treatment of a Minor Child Unaccompanied By Parent or Legal Guardian**

A parent or legal guardian must accompany a child younger than 18 years of age to consent for all dental and/ or treatment provided by Kiddo Dental. Please complete this form if your child will be coming for a visit, treatment, or procedure, without a parent or legal guardian. This consent is valid for the specified time period with a maximum of one year from date signed. Present this form with each visit.

<b>Minor Patient</b>	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Date of Birth: _____	Phone: _____	
<b>Time Frame</b>	Written consent is valid for the time period of: _____ to _____. (Not to exceed 24 months) at which time a new consent form would be required. This consent may be revoked by me at any time in writing.		
<b>Authorization for other individual to accompany minor patient under 18 years of age.</b>	I authorize _____ Relationship to Patient _____ (Name of person(s) being authorized)		
	to give consent to dental treatment by Kiddo Dental on behalf of my child listed above. The above-named individual(s) may also receive test results and additional information pertinent to the care and treatment of this minor child. <u>I understand that I am still financially responsible for all Dental expenses incurred by my child during these appointments.</u>		
	Parent/Legal Guardian _____	Date Signed _____	
	Phone number (in case of emergency) _____		
<b>Authorization for minor patient to be unaccompanied for treatment by Kiddo Dental</b>	I authorize and give consent for my child, listed above, to go independently to appointments and consent to all dental and/or treatment without the presence of a parent or legal guardian. <u>I understand that I am still financially responsible for all dental expenses incurred by my child during these appointments.</u>		
	Parent/Legal Guardian _____	Date Signed _____	
	Phone number (in case of emergency) _____		

**FOR NEW PATIENTS, PLEASE ATTACH A COPY OF THE PARENT OR LEGAL GUARDIAN PHOTO ID.**