

## TREATMENT OF MINOR CHILDREN

### NO PARENT/LEGAL GUARDIAN PRESENT

At Dr. Maria Connoyer DMD and Dr. Stephanie Henricks DMD office, 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 parent/legal guardian is available by telephone.
2. The parent/legal guardian has signed all required documentation.
3. 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 or come with a caregiver to their appointments must bring written documentation from their parent/legal guardian stating any current medications and conditions for the day of the appointment prior to all dental procedures. In the event that an emergency or unexpected incident occurs, it is imperative that the parent/legal guardian be reachable.

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

#### PERMISSION TO TREAT (Please Print Clearly)

I, \_\_\_\_\_, give permission to Dr. Maria Connoyer DMD and Dr. Stephanie Henricks DMD 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, Dr. Maria Connoyer DMD and Dr. Stephanie Henricks DMD office has my permission to perform that treatment regardless of my presence in the office.

In the event of an emergency, Dr. Maria Connoyer DMD and Dr. Stephanie Henricks DMD office 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 Dr. Maria Connoyer DMD and Dr. Stephanie Henricks DMD office Treatment of Minor Consent Form and its terms.

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

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

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

Relationship to Patient: \_\_\_\_\_