

Parental Authorization Form Sample for Dental Procedures

Use this **parental authorization form sample** to grant consent for dental procedures on behalf of a minor. It ensures clear communication between parents and dental providers, safeguarding the child's health and legal compliance. Download and customize the form to suit specific treatment needs and requirements.

Parental Authorization for Dental Procedures

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Contact Phone: _____

Email Address: _____

Dental Procedure Authorization

I, the undersigned, hereby authorize the dental provider listed below to perform the following dental procedures on my minor child:

- Routine Examination/Cleaning
- Sealants & Fluoride Application
- Dental X-rays
- Fillings/Restorative Treatment
- Other Procedures: _____

Dentist/Clinic Name: _____

I understand the nature and purpose of these procedures. I acknowledge that all my questions have been answered to my satisfaction.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

This sample form is for informational purposes only. Consult your dental provider or legal advisor for compliance with local laws and specific requirements.