

# Pediatric Dental Treatment Consent Form

The **pediatric dental treatment consent form** ensures parents or guardians provide authorized approval for dental procedures on children. This document outlines the treatment plan, potential risks, and necessary care instructions to safeguard the child's oral health. Using a clear consent form enhances communication between dental professionals and families for safe, effective care.

## Patient Information

Child's Name:

Date of Birth:

Parent/Guardian Name:

Contact Number:

## Treatment Description

Describe proposed dental treatment

## Risks & Benefits Disclosure

I understand the proposed treatment plan, alternative options, expected results, risks, and potential complications. The dentist has answered my questions regarding the procedure.

## Consent Authorization

☐ I, the undersigned parent/guardian, authorize the above dental treatment for my child.

Parent/Guardian Signature:

Date:

Submit