

Sample Dental Consent Form for Minors

This **sample dental consent form for minors** ensures parents or guardians provide permission for dental treatments, outlining procedures and potential risks. It helps dental professionals obtain informed consent and maintain clear communication with families. Properly completed forms protect both the patient and the dental practice legally and ethically.

Minor Patient Information

Child's Full Name:

Date of Birth:

Parent/Guardian Name:

Contact Number:

Consent for Dental Treatment

I, the undersigned, am the parent or legal guardian of the minor named above. I hereby authorize the dental professionals at this practice to perform the following dental procedures as necessary:

- Dental examinations and cleaning
- Dental X-rays
- Local anesthesia
- Restorative treatments (e.g., fillings, crowns)
- Sealants and fluoride treatments
- Other procedures as recommended by the dentist

I understand the nature and purpose of these procedures and acknowledge that possible risks, complications, and alternatives have been explained to me.

Medical History

List any allergies or medical conditions:

Current medications:

Authorization and Signature

By signing below, I confirm that I have read and understand this consent form. All my questions have been answered to my satisfaction.

Date:

Parent/Guardian Signature:

Note: This is a sample consent form. Please consult your legal advisor to ensure compliance with local laws and regulations.

