

Minor Consent Form for Dental Procedures

This **minor consent form** sample provides a clear template for obtaining parental or guardian approval for dental procedures. It ensures the protection of both the minor and dental professionals by outlining the necessary permissions and medical information. Using this form helps facilitate smooth and legally compliant dental treatments for minors.

Minor Information

Minor's Full Name:

Date of Birth:

Relevant Medical Information (allergies, conditions, etc.):

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Minor:

Contact Number:

Consent

I, the undersigned, hereby authorize the dental professionals at

Dental Office Name

 to perform the necessary dental examination, treatments, and procedures (including but not limited to cleanings, fillings, extractions, and x-rays) for the above-named minor. I affirm that I have the legal authority to grant consent for these procedures and have provided all known relevant medical information.

☐

 I agree and provide my consent.

Date:

Parent/Guardian Signature:

Submit