

# Cornerstone Dental Health

## Consent to Treat a Minor

It is required by law that a parent or legal guardian accompanies their child under the age of 18 during their appointments unless written consent is given. Please fill out the consent form provided here, and send with your child if they are coming by themselves or with someone other than their parent or legal guardian. Please include current medications the child is taking, and any medical conditions.

I, \_\_\_\_\_ the parent and or legal guardian agree to allow Drs. Obrock, Speckhart, Speckhart-Smith, Moon, and/or their associates and staff to perform necessary dental procedures without my presence.

### All Medical Conditions/Medications Taken

<u>Child's Name</u>	<u>Medical Condition</u>	<u>Medication(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_