

# Cornerstone Dental Health

## Consent to Treat a Minor

It is required by law that a parent or legal guardian accompany 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 Dr. Obrock, Dr. Moon and/or their associates and staff to perform necessary dental procedures without my presence.

I understand that by not accompanying my child, I am giving my consent for any preventive and diagnostic procedures, such as cleanings, necessary radiographs, fluoride treatments, sealants, or other such procedures that are ADA/CDC recommended, without further attempts to call me.

I also understand that no other procedures of an invasive nature will be performed (other than of an emergency), unless they were agreed to in the course of scheduling that appointment in the first place. (e.g., we won't call you for permission to do fillings if that is what you scheduled the appointment for). An exception is as follows:

If other procedures are indicated but have not been scheduled (e.g., we find decay on an adjacent tooth when the contact is opened), in order to save the child from repeat anesthesia, every attempt will be made to contact me, but if unsuccessful, I give permission to the staff to perform these additional procedures where it is in the best interest of my child.

Child's Name

Medical Condition

Medication(s)

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_