
Parental Consent for Medical or Dental Treatment of a Minor

To avoid possible delay in providing needed medical or dental treatment in your absence, Mahoney Family Dentistry offers this form for medical consent and history. It offers assurance that your minor will receive prompt and personalized attention should a parent or guardian not be immediately available.

Please fill out the following form and provide copies to each person who is responsible for caring for your child.

*You must complete a separate form for each child and caregiver

*Please update the information at least every six months

Childs Name

Home Address(Street) (City, State, ZIP)

Parent's / Guardian's Name

Day Phone Evening Phone Alternate Phone

_____. I the parent/guardian named above, authorize the following adult caregiver to consent to any necessary examination, anesthetic, imaging, diagnosis, and or treatment rendered for the minor names above under the general or special supervision and on the advice of any licensed provider. I accept financial responsibility for any services provided for my child in my absence.

Caregiver

Parent/ guardians signature Date

*** If the form is not complete it will be considered invalid***

