ALBUQUERQUE IHS DENTAL CLINIC
PARENTAL CONSENT FORM FOR DENTAL CARE OF A MINOR

I, ________________________________, am the parent or legal guardian

Name

of ________________________________, a minor, and have full legal
custody and control of the minor.

I hereby authorize the following adults (18 years and older) to consent to routine dental or
orthodontic care that my child may require during my absence.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Relationship to Child</th>
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<tr>
<td>1</td>
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You may list up to 3 names only; form can be changed as needed

In an emergency situation, emergency care can be provided by any licensed provider at AIDC.
I understand, however, that I must be present for initial exams, extractions, root canals,
orthodontic case presentations, and temporary anchor device (TAD) placements.

____________________________________  _______________________
Signature of Parent or Legal Guardian Date

____________________________________  _______________________
Signature of Staff Witness Date

Chart #

Revised 09/2020