

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
Patient's Name

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.

	Name of Individual	Relationship to Child
1		
2		
3		

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 #