

**Consent to Treat Minor Without Parent/Legal Guardian Present**  
**Cascade Dental Care**

Patient's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ To allow for treatment of patients who are considered minors, it is necessary for a parent or legal guardian to give consent for treatment. In the event that a minor child presents for a nonurgent appointment without a parent or legal guardian or a signed consent, treatment may be denied.

To Consent To:

\_\_\_\_\_ Emergency or urgent care when I cannot be reached.

\_\_\_\_\_ Routine dental care, which may include, but not limited to: dental examinations, prophylaxis (cleaning), fluoride treatment, xrays and any and all other treatment previously discussed and agreed upon by the parents/legal guardian.

I can be reached at the following number if there are any questions: \_\_\_\_\_

I/We \_\_\_\_\_ (printed parent/guardian name) authorize Cascade Dental Care to provide treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date