

Kalispell Kidds

Pediatric Dentistry

CONSENT OF PARENT OR LEGAL GUARDIAN

According to law, only parents or legal guardians may sign consent for a child to receive treatment in a dental clinic. All other individuals who bring a child in for care must have a signed permission form and treatment plan (if applicable) from the parent or legal guardian.

I, (print parent/guardian name) _____, do hereby give permission for my child/children:

- | | |
|----------|------------|
| 1. _____ | DOB: _____ |
| 2. _____ | DOB: _____ |
| 3. _____ | DOB: _____ |
| 4. _____ | DOB: _____ |

to be brought in for their dental appointment at Kalispell KiDDS by the following individual(s):

Authorized person(s) name(s) and Relationship to child:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

I further authorize the above designated individual(s) to consent to the provisions of the following types of dental health care for the above named child(ren): routine dental examinations and x-rays, preventative and emergent dental care, and transportation of the child(ren) to and from the dental care facility.

Signature of Parent/Legal guardian: _____ Date: _____

Contact phone number (if any questions): _____

Please complete this form and fax it to (406) 756-1143

This permission form will expire one year from the date it is signed.