

**Locust Family Dentistry
Parental Treatment Consent
For Child(ren) Under 18 Years of Age**

I, _____, parent/legal guardian of the following:
Child(ren):

give the below named person(s) permission to accompany my child to dental appointments, allowing them to make financial and treatment decisions on my behalf. I understand that medical history and consent must be updated and signed yearly by a parent or guardian. I understand that VERBAL CONSENT CANNOT BE ACCEPTED.

I understand that the person bringing the child must be 18 years or older, must be listed below and will be asked to show a valid picture ID.

I understand that a child under the age of 18 years old must be accompanied by an adult whose name is listed below.

I understand that in order to remove someone from this list a parent or legal guardian must come in person with valid ID and sign a new consent.

Person(s) and Relationship to Patient:

Print Name	Relationship
------------	--------------

Print Name	Relationship
------------	--------------

Print Name	Relationship
------------	--------------

Parent/Legal Guardian Signature:	Date:
----------------------------------	-------