PERMISSION TO TREAT A MINOR WITHOUT THE PRESENCE OF A PARENT/GUARDIAN

By law, any child under the age of 18 years old cannot be seen by a doctor without the consent from a parent or legal guardian. IF the minor is 16 or 17 years of age, he/she can be seen by themself with your written consent.

Minor's name:_____ **DOB**:_____

Child's Health Information

Current prescribed or over-the-the counter medications and dosages:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies, illnesses or other comments:

Health Insurance Information No change since last visit *(skip to next section)*

Insurance Company: _____ Policy Holder: _____

ID Number: _____ Group Number: _____

I (parent/legal guardian name) _____ request and authorize CFKP to provide routine dental care, which may include dental examinations, prophylaxis (cleaning), fluoride treatment, and x-rays.

LIMITATIONS: Identify any specific limitations on the kind of dental services for which this authorization is given. (If none, state "none"): _____

_____

_____

Phone # for Parents/Guardians – you must be available by phone at the time of visit:

_____

_____ _____

Parent or Legal Guardian (please print) Relationship

_____ _____

Parent or Legal Guardian (please sign) Date