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Parental Treatment Consent for Children Under 18 Years of Age

I give the following 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 parent or legal guardian.

Person bringing my child must be 18 years or older, must be listed below and will be asked to show a valid picture ID.

To remove someone from this list, parent or legal guardian must come in person with valid picture ID and sign a new consent.

Child(ren)'s names to whom this consent applies:

Person(s) authorized to accompany child(ren) & relationship to child(ren):

Parent/Legal Guardian: (Please Print)

Parent/Legal Guardian

Signature: _____ Date _____

