Pueblo Dental Center

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Almost all parents have someone else take care of their child of children at one time or another. You know that your child could become ill or hurt while under someone else's care. Except for a life or death emergency, a doctor or nurse may choose to not treat your child without your written consent. If the parent or legal guardian is unable to attend, this form **MUST BE NOTORIZED PRIOR TO ANY APPOINTMENTS.**

It is a good idea to leave your written consent for treatment in two (2) places:

- 1. In each child's file at the dentist office.
- 2. With each person who will be taking care of your child.

Consent Form for Dental Care

| Child's Name First | Middle | Last |
|--|------------------------|------------------------------|
| FIISt | Middle | Last |
| ate of Birth | | |
| The following person(s) have/has my povailable to give my consent: | ermission to authorize | e dental treatment if I am r |
| variable to give my consent. | | |
| | Addre | SS: |
| lame | | |
| Relationship | | |
| | Addre | ss: |
| Name | | |
| Relationship | | |
| Doctor: | Phone Number | |
| Hospital: | | |
| Insurance or Health Card Number: | | |
| Parent Name (print) | | |
| Parent's Signature | | Date |
| STATE OF ARIZONA) | | |
| COUNTY OF PIMA) | | |
| SUBSCRIBED AND SWORN (| o me before this | day of, 20 |
| | | |

Notary Public