

**Permission to Treat Minor Patient  
(without Parent/ Legal Guardian Present)**  
(Only one form is required per family if all children's names are listed below)

Statesboro Pediatric Dentistry must receive permission, from a child's parent or legal guardian, prior to providing treatment(s) for preventative or restorative care. This form provides the legal permission to provide treatment with a designated adult present.

Patient/ Child Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This assignment shall confirm that I, \_\_\_\_\_

Print Parent/Legal Guardian's Name

give permission and authority to make all necessary treatment decisions and consent to such treatment decisions for the care of my child(ren)

\_\_\_\_\_  
Print Child(ren)'s name(s)

List any and all designated adult(s) that may accompany child(ren) to future appts:

Adult #1 \_\_\_\_\_ Relation: \_\_\_\_\_

Adult #2 \_\_\_\_\_ Relation: \_\_\_\_\_

Adult #3 \_\_\_\_\_ Relation: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_