



Legal Guardian Minor Consent Form

Patient's Name: _____

Patient's Date of Birth _____

Legal Guardian's Printed Name: _____

Signature of Guardian on this form allows People's Dental PA to provide dental care to your minor child. Must be completed if the patient is under 18 years of age at the time of service.

People's Dental cannot treat minors without written parental consent.

Your signature below indicates that People's Dental PA has permission to treat your child.

Legal Guardian's Signature _____ Date _____

Your signature below gives the listed people the right to act for you in cases you are not present at dates of service. Please allow the following to act on my behalf:

- 1. _____ Relationship to Child: _____
2. _____ Relationship to Child: _____
3. _____ Relationship to Child: _____
4. _____ Relationship to Child: _____
5. _____ Relationship to Child: _____

-OR-

The guardian will be the only person to act on behalf of the child []

Parent/Guardian Signature _____ Date _____

Witness Signature: _____ Date: _____