

Treatment Consent

By law, all children under the age of 18 years cannot be treated by a doctor without consent from a parent or legal guardian. If you have any concerns about the below treatment that is provided in the RCBC Dental Hygiene clinic, you are encouraged to speak with a provider prior to the start of any appointments. By signing below, you affirm that you have read, understand, and have been given the opportunity to discuss any concerns you may have regarding dental treatment.

Patient's Name: _____ **Date of Birth:** _____

Contact number (should an emergency arise) _____ (_____) _____

I, _____ consent for my minor child to have routine
PARENT/LEGAL GUARDIAN NAME

dental care completed by a dental hygiene student, which may include:

- Oral Examination
- Oral Hygiene Instructions
- X-Rays
- Dental Prophylaxis (teeth cleaning, including scaling and polishing)
- Fluoride Treatment
- Sealants, if indicated

Parent or Legal Guardian (Print)

Relationship

Parent or Legal Guardian (Print)

Date