

Dental Treatment Consent Form for Pediatric Patients

Patient's Name: _____

Patient's Date of Birth: _____

To Whom It May Concern:

I, the undersigned, am the parent/legal guardian of the above-named patient. I hereby give my consent for dental treatment as deemed necessary by the dental care provider.

Details of Treatment:

Type of Treatment: _____

Estimated Start Date: _____

Possible Risks and Benefits:

I understand that dental procedures may involve risks including, but not limited to:

- Discomfort
- Infection
- Allergic reactions

I have been informed of the benefits of the proposed treatment options.

Emergency Contact:

Name: _____

Relationship to Patient: _____

Phone Number: _____

Consent:

By signing below, I acknowledge that I have read and understood the information provided above, and I give my consent for the dental treatment of my child.

Signature of Parent/Guardian: _____

Date: _____