

Holland *family* Dentistry

MINOR CONSENT FORM

I, as the parent/guardian of _____ a minor child, voluntarily delegate my legal authority to basic dental care (*exam, routine annual x-rays, routine fluoride treatment, cleaning, and oral hygiene instruction*) on behalf of my minor child to:

Holland Family Dentistry
545 Michigan Ave, Holland, MI 49423
(616) 396-1058.

The consent is to be exercised in good faith and in my child's best interest, subject to the following conditions (if any):

This consent is to be effective from _____ to _____ or otherwise for the period of time, which I will not be reasonably available to make such decisions for my child.

I _____ do authorize the following named individual(s) authority to make dental care decisions for the above mentioned minor in my absence:

Name _____ Relationship to patient: _____

Name _____ Relationship to patient: _____

I _____ do authorize the release of information to the following persons:

Name _____ Relationship to patient: _____

Name _____ Relationship to patient: _____

Parent/ Guardian Signature _____ Today's Date _____

Signature of parent/guardian/personal representative: _____

Date: _____ **Phone number in case of emergency:** _____