



Parental Consent Letter

This form is to be presented when the legal guardian will not be present.

Please instruct your child's caregiver or family member to bring this form with them to our office, when you, the legal guardian cannot personally bring the child (under 18 years of age) to their appointment. This form gives specific permission to treat your child when you are not present. This permission can only come from the legal guardian.

Today's Date: _____

Name of Child:

Name of Legal Guardian:

I, the legal guardian, give permission for the following person(s) to accompany my child to their orthodontic appointment:

This includes, but is not limited to knowledge of personal information, treatment information, child's health, & any health concerns that may come up.

My child may receive any x-rays needed for treatment, in my absence.

My temporary guardian may know financial information.

In case of emergency the best phone # to reach me at is: _____

Legal Guardian Signature

Date