

## Permission to Treat a Minor without a Parent/ Guardian Present

Kanawha City Pediatric Dentistry, Don E. Skaff, DDS must receive permission from a child's parent or legal guardian before providing dental treatment. If the party accompanying your child (baby-sitter, friend, relative, etc.) does not present this information, the clinic will attempt to contact you to request permission to treat your child.

Note:

- A parent/legal guardian must attend a minor's first visit at Kanawha City Pediatric Dentistry, Don E. Skaff, DDS.
- A new "Permission to Treat a Minor without a Parent/ Guardian Present" form is required for each visit that a minor will be seen without his/her parent/legal guardian.

Patient's Name \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_ Today's date \_\_\_\_\_

I grant \_\_\_\_\_ (an adult into whose care the minor has been entrusted) to arrange for and authorize routine and emergency treatment at Kanawha City Pediatric Dentistry, Don E Skaff, DDS on \_\_\_\_\_ (date).

\_\_\_\_\_ Please initial here if you are authorizing the minor to seek and consent to treatment with no adult present. We/ I acknowledge that we are responsible for all reasonable charges in connection with the care and treatment rendered.

Please send the insurance card and co-pay (if applicable) to the appointment.

Name of Dental Insurance Carrier \_\_\_\_\_ -

Group Number \_\_\_\_\_

Subscriber ID \_\_\_\_\_

In case of emergency, I can be reached at:

Address: \_\_\_\_\_

Home phone number \_\_\_\_\_

Work phone number \_\_\_\_\_

Other contact Phone number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relation to patient (documentation may be required) \_\_\_\_\_