

**Informed Consent**  
**Permission for Dental Examination and/or Treatment of a Minor**

I am the parent or guardian of \_\_\_\_\_ who is a minor child, and I do hereby authorize and consent to any x-ray, examination, anesthetic, sedative, or dental treatment rendered under the general, direct, or indirect supervision of Dr. \_\_\_\_\_ and his/her associates, staff members, or agents, as he/she may deem necessary.

This authorization will remain in effect until cancelled in writing by me.

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

Witness \_\_\_\_\_