

Kalispell Kidds

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CONSENT OF PARENT OR LEGAL GUARDIAN

According to law, only parents or legal guardians may sign consent for a child to receive treatment in a dental clinic. All other individuals who bring a child in for care must have signed permission from the parent or legal guardian.

I, _____, parent/legal guardian (circle one), do hereby give permission for my child, _____ who was born on (D.O.B) _____, to be brought in for treatment by Kalispell KiDDS, by the following individual(s):

Authorized Person(s) Name(s) & relationship to patient:

I further expressly authorize the above designated individuals to consent to the provisions of the following types of dental health care for the above named child; routine dental examinations and x-rays; preventative and emergent dental care and examination; dental restorative treatment and transportation of the child to and from the dental care facility.