

**CONSENT FROM NON-ATTENDING PARENT/GUARDIAN FOR
TREATMENT OF A MINOR**

I, _____, am the parent / legal guardian
Of (Patient Name) _____. DOB _____.

I am unable to attend this visit, but give my permission for him / her to receive services at
Apopka Dental Art.

Parent / Legal Guardian Information

Name _____

Address _____

City _____, State _____, Zip _____

Phone # _____

Signature _____ Date _____

THIS CONSENT REMAINS INTO EFFECT UNTIL WITHDRAWN IN WRITING

Before treatment can be provided, this form is required to be signed by the parent / legal guardian not attending the visit and accompanied by a copy of their picture ID.

Thank you for your cooperation and understanding.