



Department of Dental Hygiene

DENTAL TREATMENT AND AUTHORIZATION FORM FOR A MINOR PATIENT

I/ We, _____, being the (Check one) parent(s) legal guardian(s) of _____ [Child] authorize _____ [Caregiver] to seek, obtain and consent to: (Check all that apply)

Oral health screening (exam) Prophylaxis (cleaning) Radiographs Fluoride Sealants Other: _____

for _____ (child) as deemed necessary by the dental hygiene students and faculty of Clayton State University

Dental Hygiene Clinic. This authorization is for the time period when my/ our child is in the care of _____

(Caregiver), my/ our child's: _____

Grandmother Grandfather Aunt Uncle Nanny/ Babysitter Family Friend Other: _____ is effective _____ day of _____, 20____ until (Check one): _____ day of _____, 20____ revoked by me/us.

Child's Information:

Child's Full Name: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Parent/Guardian's Information:

Parent's/Guardian's Name: _____

Address: _____

Email: _____

Phone Number (H): _____ Phone Number (C): _____

Phone Number (W): _____

Emergency Contact Information:

Emergency Contact's Name: _____

Phone Number (H): _____ Phone Number (C): _____

Phone Number (W): _____ Email: _____

Child's Health Information:

Health Conditions (e.g. asthma, diabetes, etc.): _____

Allergies (e.g. Medication, Food, Environmental): _____

Prescription Medications: _____

Child's Medical Care Information:

Physician/ Pediatrician: _____ Phone Number: _____

Signature of Parent/ Guardian: _____

Printed Name _____ Date: _____

This form should be used in the event a student brings in an underage relative. This form is not for the use of general patients of the clinic (non-relatives of students). The form will be updated annually or as necessary and appropriate. The initial medical history and consent forms must be completed by the parent or guardian. The strict use of this form is in the absence of the parent/guardian transferring temporary consent to the student RDH to sign on their behalf